

# PHILADELPHIA MEDICAL TIMES.

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## ORIGINAL ARTICLES.

### THE MILITARY RED CROSS CORPS.

BY W. THORNTON PARKER, M. D.  
 (Munich),

Late A. A. Surgeon, U. S. Army; Medical Examiner, 3d District, R. I.; Member of the St. John's Ambulance Association, England, etc., etc.

AS an auxiliary to the regular hospital corps of the army, each regiment should be provided with a regimental bearer corps, or, more properly named, a Red Cross Corps.

The regimental Red Cross Corps should be organized as follows:

One surgeon with the rank of major.

One assistant-surgeon with the rank of captain.

One assistant-surgeon with the rank of 1st lieutenant.

One Red Cross sergeant with the rank of quarter-master sergeant.

One assistant Red Cross sergeant with the rank of sergeant.

From each company, three men should be detailed as members of the Regimental Red Cross Corps.

All appointments in the Regimental Red Cross Corps should be made only after instruction and examination in first aid to the injured.

Every member of this corps, in ad-

dition to the insignia of his rank, shall wear upon his left arm the Geneva red cross upon a white band. This badge is to be worn whenever the regiment is under arms. This organization is to take the place of the old-time scratch system of employing musicians—a system which at best was a miserable apology for a practical, efficient corps of trained men. Any one who has witnessed the failure of the system which at the latest moment, and usually in the heat of battle, sought to provide stretcher bearers from the regimental musicians, will readily agree that a regularly organized Red Cross Corps is of the greatest importance; and, instead of being an extravagance and detriment by removing available fighting men, adds not only to the *esprit du corps*, but by prompt and intelligent service prevents confusion and preserves order and quiet in the rear, a condition of things most desirable when a regiment is engaged in line of battle. Nor need we go back to the time of war and tumult to recognize the truth of these assertions. What can be more absurd and less effective at our militia sham battles or the autumn manoeuvres of the regular forces than the sight of the little group of men, undisciplined and without an idea as to the work required of them, grouped about a medical

officer—one perhaps with a brandy-bottle, another with some bandages, but all devoid of the important and necessary instruction for first aid to the injured.

The details of Red Cross men report to the regimental medical staff whenever the regiment is to take part in military manœuvres, or in actual battle. The Red Cross Corps stack their arms at the position selected for regimental medical station in the field. To each squad of three men a stretcher is given with which to collect the wounded and transport them to the regimental medical station. At this place they receive the attention of the regimental surgeons before being carried to the brigade or division medical rendezvous. At these latter stations the regular army hospital corps are stationed, and the wounded taken in charge for final disposition.

The regimental surgeons will attach to each injured man a diagnosis card, stating name, rank, company, regiment and injury. The members of the Red Cross Corps, besides carrying at least one large canteen of water, shall be provided with a suitable bag, or Red Cross case, containing triangular bandages, stimulants, etc., for the immediate treatment of the injured wherever found. The regimental medical station shall be as near the line of battle as possible, providing only for reasonable shelter from fire for the wounded.

The duties of the Red Cross Corps are primarily to search for the wounded, and to render all possible relief. They are expected to apply temporary dressings, such as the nature of the case may require, and to administer water,<sup>1</sup>

<sup>1</sup> Water carts should be supplied to field hospitals and bearer companies. Simple wooden hogsheads (100 gallons) on a wheeled stand would suffice. These carts are drawn by a pair of horses. In the wars in the East skins are largely used for water carriers, and the human water carrier, or bilihi, is a conspicuous figure in every Eastern campaign. He carries water in a great skin masah borne upon the hips. He takes his place in the fighting front of the line and is often one of the most popular men attached to a company. Captain Jones of the British Army has designed a water cart consisting of a galvanized iron tank. It contains 119 gallons, and has a man-hole with cover for filling and cleansing the tank. An iron partition divides the tank within into two compart-

and, when necessary, stimulants. The arms and accoutrements can be taken in charge by No. 2 of the squad, and the wounded carried carefully and as rapidly as possible to the regimental surgeons. To attend to these matters intelligently, it follows as a matter of course that they shall receive practical instruction in military first aid to the injured. A regular course of lectures should be given by one of the regimental surgeons, to which all members of the regiment should have access, and from those interested and proving themselves efficient the Red Cross Corps should be recruited.

The theoretical training should include :

1st. Outlines of anatomy of the human body, including a brief account of the osseous system and of the circulation of the blood.

2d. The different appliances used as a temporary dressing, viz.: field splints, tourniquets, bandages, and especially the *triangular* bandage and first field dressings in general.

Lastly: Practical instruction in the immediate treatment of gunshot wounds and of cases of emergency—occurring in military life—a description of ambulance and stretcher material and practical ambulance and stretcher drill.

The members of the corps should have frequent drilling in lifting and carrying the wounded, and this last instruction should be given only with some one *acting* as a wounded man. Nothing could be worse in the system of training than the mere pretence of lifting and carrying an empty stretcher.

Each drill should occupy a good hour, and should be carefully and thoroughly carried out. At times the wounded should be sought for when practicable by lantern light, receive field first aid and tourniquet, triangular bandage and temporary splint treatment and be placed upon the extemporized or regular field stretcher,

ments, and the partition is pierced with holes which allows the water to pass through gradually, thus breaking the rushing of the water about the wagon when the tank is partly full. There is one large tap and six small ones, thus allowing several canteens to be filled at the same time, which is of great importance when many men have to be supplied.

veyed some distance and be lifted into the ambulance. This drill should not be carried out without suitable explanation of the great importance of the system and all unnecessary haste or lack of precision should be most carefully avoided.

We will first consider the methods of constructing extemporary stretchers, and those furnished regularly by the military medical officers. The ordinary stretcher is composed of two poles, a canvas bottom and two slings, which are often absent or broken, and unfit for use. Where the regular canvas stretcher is absent extemporary stretchers must be made by the Red Cross Corps, from such materials as are usually at hand upon the battle-field.

The stretchers of the British army are the best to be found in any army of modern times, and probably the most perfect is that invented by Surgeon-Major Faris, which is in fact the English Army Regulation Stretcher. It is most solidly built, and consists of two side poles of ash, brown canvas bottom, a pillow, two self-locking traverses, which lock under the stretcher and keep it open. There are four wheels of lignum vitae, on which the stretcher rolls into the ambulance wagon, and which act as legs when used as a camp bedstead, a use to which all army stretchers are liable. It weighs thirty-two pounds, and costs about \$15.00. This is, of course, too expensive and complicated for general use, and would be used only at brigade or division medical centres.

The improved stretchers now in use in the New York and other hospitals are especially to be recommended.<sup>1</sup> These stretchers each consist of three pieces of heavy canvas of equal size, the ends of which, being turned over and firmly stitched down, leave a sleeve through which poles are passed; the three pieces being placed one after another on these two parallel poles, which extend far enough beyond for handles, furnish a convenient and strong litter on which to carry the patient from the scene of accident. Two iron cross-bars, having rings to admit the poles, are

used to extend the stretcher. The canvas is divided into three pieces, for the comfort of the patient when the stretcher is taken from under him. In doing this the poles are first withdrawn, the head is raised and one piece slid out; next the pelvis and then the feet are lifted, and the other sections are in turn removed, so that, without disturbing the patient to any great extent, the orderly at the hospital can place him in bed.

Where the regular canvas stretcher is not obtainable, blankets, knapsacks, overcoats, dresscoats and trousers can, with poles or rifles, be made into excellent stretchers. The clothing-case of light canvas, invented by the author, weighs only  $8\frac{1}{2}$  ounces. Three of these can be readily fastened upon rifles, making an excellent stretcher for the transport of the wounded. The case is made of a strip of light canvas, four feet six inches long, and sixteen or eighteen inches wide, folded longitudinally, so that a margin of two or more inches is left along one edge for a flap. It is divided transversely into three equal compartments by two sets of stitches. The margin is buttoned over on six buttons, the buttonholes being on the flap and the buttons on the farther edge and reverse side of the case. Loops at either end enable the soldier to wear it securely at the ends without its being rolled in the blanket. The case will hold the ordinary soldier's kit, and is intended to be worn in the rolled blanket, suspended from the left shoulder, giving the right arm full play, and allowing the utmost freedom in the performance of the most important exercises in the manual of arms. The clothing-case does away with the necessity for the heavy and wearisome knapsack. Soldiers will not carry knapsacks, but the clothing-case can be carried for many days without fatigue. The loops already mentioned can be secured by a drawn cord or strap, and the rifles slipped between the folds thus formed will make a most serviceable stretcher. When the soldier reaches a

Vide *Army and Navy Register*, Aug. 15, 1885.

Vide *Jour. Amer. Med. Assoc'n*, Mar. 6, 1886.

Vide "Reference Hand-Book Med. Science," Vol. III, page 722.

<sup>1</sup>"Reference Hand-Book of the Medical Sciences," Vol. I, page 129.

field or post hospital, and during transport in the ambulance, his clothing-case will provide, when folded, a most welcome and useful pillow.

Such clothing cases could be used either when filled or emptied. If used when the cases are *full*, just as good a stretcher can be made, and the effects of the soldier, his change of clothing, etc., are brought directly to the hospital.

In battles where sailors or marines take part, hammocks could be used, the old-fashioned boarding pikes making excellent poles, or flag-poles of boats or rifles could be used for the same purpose. Whenever rifles are used, the cartridges should be removed before they are safe to act as poles. In the Crimean war several fatal injuries to wounded were inflicted by neglect of this precaution.

The "Wheeled Support," or stretcher on wheels, is, under certain circumstances, a very useful method of transport; but for the confusion and hurry of the battle-field is not practical. Horse-chairs, for wounded who can sit up, are only advisable for troops on the march, and will not be considered in this monograph. The mule-litter, for transporting wounded in a recumbent position, is, for the same reason, omitted from detailed description.

Blankets can be folded and tied with strings to form with rifles a very firm stretcher. If time permits, some attempt at cross-pieces should be made. This can be done with the bayonet when nothing else presents itself for use. A common sack, with poles or rifles, will answer for an extempore stretcher.

A stretcher can be run up of saplings of sufficient strength, with cross-pieces and the body made of cloth, calico, flannel or any other like material. The cross-bits can be either tied or nailed on. Wood can be used for a bottom; but it should have a sack full of straw, hay, ferns or other soft material placed over it. A stretcher can be formed of two rifles, poles or lances, with two or three interlaced belts.

Referring once more to the clothing case already described, it has occurred to me that for Red-Cross Sergeants on the field no better case could be devised

for carrying the necessary instruments and appliances to be used in first aid. The knapsacks, bags and haversacks in use in the hospital corps of the European and American armies are clumsy and very tiresome. The constant stooping and rising positions assumed by the medical attendants in ministering to the sick are made doubly irksome by the clumsy and heavy bags and haversacks suspended by a strap which often cuts deeply into the shoulder of the wearer.<sup>1</sup> I have devised a case for a Red-Cross Sergeant made in the same fashion, but of different material from that used by the soldiers and sailors, who wear theirs inside the rolled blanket. This case is to be made of brown waterproof cloth secured at the right side by two strong straps. When required for use it can be quickly unslung and opened, and as quickly closed and slung into position again.

The contents are as follows:

One hypodermic needle and rubber-stoppered bottle containing Magendie's solution, morphia; one-half pound Lawton's absorbent cotton in a flat package; six woven bandages, antiseptic; six first aid triangular bandages; one case isinglass plaster; one inch tape; one package, in flat wooden box, surgeon's adhesive plaster; three sponges in waterproof bag; two tourniquets, field; two tourniquets, Esmarch; one tin box wax candles and matches, or folding lantern; one Red Cross Sergeant's dressing case.

This case will be found of great practical convenience and can be furnished at reasonable expense and much below the cost of hospital knapsack bags and haversacks already in use.

A very good field stretcher can be formed at once with three of these cases, either full or empty, secured upon two rifles; the ends of the cases being folded over the rifle-stocks, and secured beneath, with number one holding the butts of the rifles as he would hold the stretcher handles, and number three holding the muzzles.

[TO BE CONTINUED.]

<sup>1</sup> *Boston Med. and Surg. Journal*, March 31, 1888.

## NOTES UPON CHOLERA INFANTUM.

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I will briefly record four of my private cases, each of which differed more or less from the others, and in each of which a slightly different line of treatment was followed. With these as a text I will endeavor to draw a few conclusions at which I have arrived in regard to this justly dreaded disease of childhood during the summer months.

*Case I.*—B. A., aged sixteen months; called to see patient July 10; very irritable and fretful; for the last two days had been vomiting and purging, both of which had now increased to an alarming extent; was feverish and thirsty; pulse rapid, but not particularly weak; pupils normal; skin warm; respiration slightly accelerated; beginning emaciation; hollowness about the eyes. Mother stated that the child took about three quarts of milk a day, and when not vomited that it seemed to pass almost immediately unchanged through the alimentary canal, producing loose, light, yellowish evacuations. The stools appeared much like water in which has been strewed a little yellow corn-meal. Their odor was not musty or offensive, as in typical cholera infantum. General health never very good; had a severe attack of cholera infantum the summer before. Ordered diminution in quantity of milk taken, the child to be kept in the open air as much as possible, and a powder containing calomel gr. 1-12, sodi bicarb. gr. ss, rubbed up in sugar of milk, one every hour until twelve had been taken; in case of any sudden depression, brandy, a few drops every fifteen or twenty minutes.

July 11.—Diarrhoea and vomiting continued, with an increase of fretfulness; had slept a little towards morning. In place of the calomel ordered powder containing pulv. Doveri gr. jss, and bismuth subnitrat. gr. viij; milk still to be diminished; pieces of ice held in mouth to quench thirst. In case this powder did not check diarrhoea, ordered the mother to give tr. opii camph. gtt. xv, following it in an hour or so with one or two doses of gtt. v

each until there was a decided check to the excessive discharges.

July 12.—Little improvement; irritability still marked; diarrhea not so violent as yesterday, but still profuse; no vomiting. Ordered milk to be stopped entirely, and in place of it Carnrick's food. Stopped all former medication, and prescribed a liquid mixture containing mist. cretæ, spts. ammon. arom., tr. opii deodorat., syrup and water. With final directions recommended the child to be taken into the country, which was done that same evening. Well when last heard of.

*Case II.*—B. F., aged six months; child badly nourished, and when first seen by me (August 8) to whose charge it was left by family physician, Dr. C. H. Gardner, during the latter's absence from the city, was so emaciated as to give little hope of recovery either to myself or to parents. Every resource had been tried to check the excessive vomiting, colicky pains and diarrhoea. The limbs and body were little more than skin and bone. The surface cool and clammy; eyes sunken and blue; pulse slow and feeble; respiration rapid; temperature about normal. General condition stupid and comatose, save an occasional outcry from pain every fifteen or twenty minutes. Occasional twitchings of the hands. At once began my treatment by stopping all milk, and allowing only a little gluten; but even this could not be well retained by the stomach; brandy as a stimulant every fifteen to thirty minutes, *pro re nata*; and a powder containing pulv. Doveri gr. 1-3, bismuth gr. ij, sodi bicarb. gr. j. Special stress was laid upon the cod-liver oil inunctions, which I now ordered for the child for the first time. Three times a day the mother was directed to sponge the surface of the patient with lukewarm water and then holding it in the sunlight, or near an open fire-place, to gently rub about an ounce of the oil over the entire body, from the neck to the feet, the rubbing to be continued until the whole of the oil was absorbed. A spice-bag was worn continuously over the abdomen.

August 9.—A very, very slight improvement, as shown by lessened vomiting and brighter appearance about

the eyes. As the child had been previously taking Mellin's food, not successfully, however, the gluten and brandy was still continued as nutriment.

Aug. 10.—The condition about the same. Same treatment continued.

Aug. 11.—Regular physician returned and consented to continue same line of treatment. (When last heard from, which was several weeks after the above date, patient was again beginning to take hearty nourishment and was in a fair way to rapid recovery. Am convinced that the oil inunctions with cessation of all milk initiated the improvement).

*Case III.*—B. H., aged 19 months, girl, white, English, having arrived in this country with parents one week previous to my first visit, which was on July 16th; had never had any of the usual diseases of childhood, but, owing to having been raised on the bottle and to difficult dentition, with accompanying convulsions, child was never very healthful. Shape of the head tended toward the rachitic type, depressed on top, with prominent frontal eminences giving the appearance of the so-called "square head." This is probably inherited from the father who, by a former wife, has a child still living in England of a rickety type, according to the parents' description of him. The previous child by present wife died shortly after birth.

When first seen by me patient was weak and fretful, the fretfulness being one of the most marked features of the case; eyes heavy and dull, sunken and surrounded by dark rings; pupils not particularly abnormal; cheeks hollow and flabby; skin warm; tongue slightly coated; vomiting not very frequent; purging at least five or six times a day, stools being at first greenish, then yellowish, with a decidedly musty, offensive odor; colicky pains through the bowels; anorexia; great thirst; general feverishness; pulse rapid and full. Had been using milk diluted with lime water. Ordered cessation of all milk, and instead of it Richardson's Lactated Food prepared according to directions, and to be given regularly every half hour or so in small quantity. A powder t. i. d. containing zinci sulpho-carbolat. gr.  $\frac{1}{8}$ , sodi bicarb. gr. ij;

spice bag to be worn continuously over abdomen. Ice to suck. Patient kept out-doors as much as possible.

July 17.—Was sent for about 11 A.M., and found the child much worse. Up to late last night there was improvement, but this morning fretfulness suddenly increased. Marked pain over the abdomen, judging by patient's manner. Vomiting commenced late last night, and was repeated once or twice this morning, the matter vomited being watery and yellowish in color. Refused all food, though taking it readily yesterday afternoon; pupils normal, no rolling of the head, no twitching of the muscles. Early in the morning the lower extremities, body and hands suddenly became cold and cyanosed; pulse small and weak. After soaking patient's feet in hot mustard water, mother says, coldness disappeared, followed by flushing and extreme fretfulness. Bowels continued loose; vomiting ceased.

Ordered mild sinapisms over abdomen. Gave while present a powder containing  $\frac{1}{4}$  grain each of calomel and Dover's powder, which, the mother states, was vomited about fifteen minutes after I left. Had also ordered gtt. x tr. opii camph., to be given every two hours so long as restlessness continued; of this only two doses were taken, both of which were quickly vomited. The following is the aunt's description of the death of the child, which occurred about 3 P.M.: A sudden change came over the patient, with general coldness of surface, particularly of the extremities; cyanosis was marked about the lips and tips of the fingers; all fretfulness ceased, and a general comatose condition supervened; respiration deepened and became more labored; eyes rolled upwards, and seemed to have lost their power of sight, for there was no power of recognition left; no convulsions; breathing slower and slower, until death occurred so quietly as to be almost imperceptible. At 3.35, when I first received the summons to attend, the child was already dead, the body being still warm, muscles relaxed, pupils normal in size. No autopsy.

*Case IV.*—B. L. II., age three weeks; girl; white; badly nourished, being raised upon the bottle. Saw the child

August 4, and found it as well as would be expected. Was summoned early on the morning of August 7, to find the patient comatose and cyanosed. Since yesterday morning but little nourishment was taken; more or less irritable; three greenish, watery, not very offensive stools; but in the evening considerable vomiting and purging; then slept well all night until about 5 A. M., when there was another stool of same character, but no vomiting. A decided change in child's appearance was noted at once by parents. Eyes were heavy, sunken and surrounded by bluish rings; face and hands shrunken and emaciated to a wonderful degree considering time of sickness; absence of all movement, with a general comatose condition, save now and then a spasmodic twitch of the face, indicative of internal pain; insensibility to light; general anesthesia and coolness of skin. Such was the condition when first seen by me. Sent for Dr. Bell as consultant, and in the meantime gave gtt. v of brandy every fifteen minutes, injected two goodly sized syringefuls of clear, tepid water into the bowel, the first of which was immediately ejected with considerable faecal matter, and administered a powder containing calomel gr. 1-12, sodi bicarb. gr.  $\frac{1}{4}$ . Child rallied some before consultant arrived. No change in treatment. Then ordered mustard over the abdomen. About 10.30 A. M. again saw patient in consultation with Dr. Gardner. Condition much brighter, but still suffering from much pain. Further treatment: Spice-bag to abdomen; cessation of all milk; frequent sips of gum arabic water, brandy gtt. v to vj, p. r. n., calomel as above, every hour and a half, with the following prescription every four hours:

B	Bismuth subnitrat.....	3j
	Syrup simp.....	3j
	Mist. cretæ.....	q. s. ad. 3j
M.	Sig.—Fifteen to twenty drops.	

At 4.30 and 8.30 P. M. still improving.

Aug. 8th. Brighter and more irritable; takes more nourishment; has had four stools, watery and green in character. Stopped calomel powders. Continued bismuth mixture with gum arabic water, beef tea; milk and water ( $\frac{1}{3}$  to  $\frac{2}{3}$ ) not oftener than three times a day. Kept in open air as much as possible.

Aug. 9.—Aug. 10th.—Still improving; treatment continued.

Aug. 11.—Stopped all medicine. For nourishment takes chiefly beef tea, a little boiled milk to which had been added the gratings of flour boiled in a bag for 4 or 5 days. Bodily inunctions of ol. morrhuae, beginning with them only two or three times a week and gradually increasing in frequency until performed once or twice a day.

Aug. 13.—Last visit: well on the way to rapid recovery and perfect health.

These four cases have been selected because representing different forms of the summer complaint as it occurs in children. One was a simple enterocolitis which might easily have developed into severe cholera infantum; but which was quickly checked by appropriate treatment, and the fortunate removal of the patient into the country. Another had run its course of cholericiform diarrhoea, so wasting the child that it was slowly but surely sinking under an intractable form of marasmus. Undoubted cerebral complications were exhibited in still another of a rachitic type, these complications seeming not unlike a spurious hydrocephalus, but certainly the immediate cause of death whatever they were.

It would be invaluable could we know positively that Baginsky's bacillus was the etiological factor in cholera infantum; but, granting its presence, it is a question still to be solved, whether it is there in relation to the disease *post hoc* or *propter hoc*. It certainly owes its development in some way to the elevated temperature of the summer season. My experience leads me to believe that the latter part of July and beginning of August are the most dangerous periods for infants. Only in one case did dentition bear any coincident relation with the cholericiform diarrhoea, and though the dentition in this case was difficult, producing convulsions and requiring the free use of the lancet, I have no reason to believe that it had the slightest causative effect upon the diarrhoea. In all of my cases the dietetics were at fault, and when first seen by me the first instructions were always in that direction. Mothers usually gave their children as much milk and as often

as they desired. But a small part of it was assimilated, while the rest of it underwent fermentation in the alimentary canal, as shown by the highly acid stools. In several instances I have prohibited all milk for a few days, giving the child nothing but a little beef tea and gum arabic water; then, as soon as the diarrhoea showed some abatement I resumed the milk, sterilized, mixed with lime water and finely grated flour which had been boiled in a muslin-bag for five hours. If there were any return of the diarrhoea to its former severity, the milk diet was again replaced by the water and beef-tea. In this symptomatic, alternating fashion has the nutrition of the child been maintained until it was well into convalescence. I prefer this simple method, or even that of peptonizing the milk, to the use of any of the milk foods placed upon the market. These I have found are not so well adapted for infants under one year as for those older. The peptonizing of the milk is the very best of all methods in the preparation of infants' food; but it requires more attention than those nursing are sometimes willing or able to give.

When practicable inunctions of cod-liver oil are a most valuable addition in the nutrition of young children. It is not so offensive to perform as some at first are inclined to imagine. The oil may have its odor disguised by means of the aromatics, and it is always well to add a minute quantity of ammonia to stimulate the skin. Holding the child in the sun or before an open fire, after having given it a lukewarm bath, the nurse takes a little of the oil upon the hand and rubs it gently but thoroughly into the skin of one arm, for instance, then of the other arm, and so on over the whole body, excepting only the head and face. This is to be done two or three times a day, about an ounce of the oil being used at each sitting. If faithfully performed the result more than repays the trouble. I never see an ill-nourished child now but what I recommend it, and in several cases tending rapidly towards marasmus—a condition so difficult often-times to overcome—the result has been most gratifying.

In my experience vomiting has

usually occurred about the end of the first or beginning of the second week of the diarrhoea. But it was always difficult to determine this point accurately; for the vomiting was already taking place when I first saw the patients, and the parents were not able to state exactly when the diarrhoeal attack commenced—it began so insidiously and increased so gradually. In some severe cases both vomiting and purging initiated the attack.

In all the pulse was more or less accelerated, respiration rapid and labored, but not giving any evidence of hypostatic congestion of the lungs. This may have been due to the fact that a continual change of decubitus was invariably insisted upon, as well also to the early use of stimulus (brandy) in keeping up the circulation. Erythema about the perineum and inner sides of the thighs was marked in Case IV, due to the highly acid, irritating character of the discharges.

Few, indeed, in my experience, have been the cases of cholera infantum or even simple summer diarrhoea in which the nervous system has not been more or less profoundly affected; and it is this fact that necessitates always the neatest discriminations in the general treatment. In all cases there is a certain amount of irritability, probably caused largely by the heightened temperature and harrowing thirst. From this simple state of nervous excitement, there may be all degrees gradually increasing up to that point at which the nervous system, being depressed by over-stimulation and exhaustion, resolves itself into a state of absolute coma and vital extinction. Hence, a line of treatment that may be perfectly judicious in the former condition may in the latter be positively fatal. The opiates should be used with unusual caution in the summer diarrhoea of infants. So unexpectedly at times do the patients succumb to the severer phases of this affection that, before they are able to rally, the opium may have done its deadly work upon a nervous system which, unforeseen, has at last suddenly yielded to the prolonged high temperature and wasting alvine discharges. I generally avoid the opiates, particularly if there be any degree of

excitement. In such cases I prefer the bromides to quiet the system. And as for the diarrhoea, it can usually be controlled by alkalies, bis. uth, chalk mixture, and similar remedies, preceded by a short course of calomel in minute doses ( $\frac{1}{12}$  of a grain).

Enemata of warm water are particularly beneficial, in all stages of the disease, to wash out any of the acid faecal matter that may be lying in the lower bowel. In nearly all cases have I found it advantageous to begin the treatment by irrigating the rectum. In cases where there is excessive irritability of the stomach, with constant vomiting, the enemata may be medicated with sodium benzoate, argentic nitrate, or even simple mucilag. acaciae. In this manner, *opiates* may be used with less danger than when given by the stomach. If the stools contain mucus or blood-tinged mucus showing a high state of inflammation throughout the colon and particularly around the ileo-caecal valve, where the faecal matter is usually slower in passing through, rectal medication is superior to treatment solely by the stomach. So important are the use of clysters to remove the irritation caused by the acid faeces that it has been recommended to allow the child free, copious draughts of pure water as a valuable addition to the treatment. I feel confident that in certain instances the free use of water to drink was advantageous rather than deleterious. The water must be pure and cool, but not iced. It is a good adjuvant, but I am hardly prepared to say with some that this method alone is in the majority of cases sufficient treatment.

Stimulants should always be at hand from the very beginning of the attack, and though it is not necessary to give them continuously, they should be given freely and frequently when required. I recall a case where, as the child was almost dead and already given up by family and consultant, with a sort of despairing hope, a free use of brandy was employed, and though it awakened the child to a high state of excitement it brought it back to life. In the use of alcohol the family history and nervous constitution must be well considered. If the neurotic type predomi-

nates, stimulants had better be withheld as much as possible and all excitement avoided. In the treatment of cholera infantum brandy or whiskey is a more valuable agent when its administration in a few drop doses every hour or so is rigidly guarded by its effects. No arbitrary rules as to its dosage can be given; watching the effects is the best guide.

With the purely antiseptic treatment of cholera infantum I have had but little experience, and that not altogether favorable.

1938 N. Broad Street.

ARE MEMBRANOUS CROUP AND DIPHTHERIA IDENTICAL?

YES.

BY I. N. LOVE, M. D., ST. LOUIS, MO.  
Read to the Section on Diseases of Children, at  
the Annual Meeting of the American  
Medical Association, held at Cin-  
cinnati, Ohio, May, 1888.

SINCE the first paper of Bretonneau, about 1821, at which time our real and definite knowledge of diphtheria had its beginning, down to the present time, the question which forms the subject of this paper has not been decided.

Earnest students and careful observers have answered affirmatively and negatively.

I shall not fatigue my hearers by collating the expressions of writers who have accepted one view or the other. I shall present my own opinions, based upon a deliberate weighing of all the evidence presented by trustworthy and thoughtful witnesses and personal clinical observation, extending over a period of eighteen years in hospital and private practice.

During the earlier years of my professional life I was uncertain in my position. After reading the views of Virchow, Cohen, West, Flint and others as able, I was inclined to take a position in the ranks of the dualists. Severe scrutiny of the products of the pen of Bretonneau, Traube, Barthez, Sanne and the tribe of unionists left me inclined to favor their position; but special clinical opportunities and additional arguments of later watchful workers and able analysts, like Jacobi and Struempel, have enabled me to crystallize my convictions and prompted

me to take a position positive and pronounced in favor of membranous croup and diphtheria being identical.

While it may be true, as Hilton Fagg has observed, that the more our knowledge of disease advances the more our distinctions and subdivisions multiply, yet the tendency toward unnecessary multiplications and distinctions without differences should be guarded against most carefully.

Dermatologists have given us a half dozen different terms to be applied to the different forms or expressions of erysipelas, when, as a matter of fact, we know that pathologically speaking they are all one and the same disease, dependent upon the same germ, and only varying in degree, action or manner of announcement.

So, too, with fevers the same disposition was manifested, as was illustrated, when, for a time, typhoid fever plus malaria as a complication, permitted the new coined term "typho-malarial fever," to take its place in our nomenclature.

Whether the membrane, as in the so-called true croup, be a fibrinous exudation, superficial and easily stripped from the surface, leaving a smooth mucous surface only robbed of its epithelium, while that of diphtheria is more of a coagulation penetrating or poured into the mucous tissue—a necrosis as it were in which the eschar can be removed only with great difficulty—is not important, it being largely dependent upon the anatomical characteristics of the parts involved.

That the disease is due to a special germ or micro-organism is admitted, and the recognition of this pathological point in the treatment has made a much more favorable showing in the mortality reports.

The growth and development of seed depend much upon their individual fertility, favorable soil and surroundings. The expression of every disease varies with the individual victim, and is largely affected by his environments, favorable or unfavorable. A may have typhoid fever so mild as to lead his physician to fancy he has in hand a simple case of continued fever; an attack of scarlet fever so simple as to be almost frivolous to the unvary; an assault from the

dreaded Asiatic scourge—cholera, so mild as to take the form of a gentle intestinal relaxation; an erysipelas suggesting erythematous flush; a small-pox with pustules few and far between, and little systemic suffering, while B in the same ward may fall a victim to typhoid, typical; scarlet fever, severe and superbly perfect; cholera, classical and collapse prompt; erysipelas so excessive as to endanger life, and occasionally an amount of suffering indescribable; and a variola so virulent as to promptly kill or leave its victim marked in visage, repulsive. This being so, then why should not A be as likely to have diphtheria in a manner so moderate and superficial as to be almost overlooked, and B so pronounced as to be fatal before the local expression could be observed?

Diphtheria selects by preference the pharynx rather than the larynx. The tonsils are a favorite site for the infection, not alone because of their prominence, but also because, as has been demonstrated, there is frequently to be found an interruption or break in their protective epithelial covering, and also owing to the fact that they are frequently in a vulnerable condition owing to previous compressant inflammatory conditions. Then, again, pavement epithelium is much more susceptible to attack than the ciliary variety, the latter being a higher grade of organization, of a more complex character, and possessed of greater ability to oppose aggression.

When diphtheria attacks the larynx and trachea, which it does fortunately very rarely, relatively, owing to the ciliary covering being less easily penetrated by the bacillus (possibly the tubercular bacillus makes a primary attack upon this point so often for the same reason) the free distribution of mucous glands which flow freely, creating an exosmosis rather than an endosmosis, antagonizing absorption and impeding the peril of the adjacent tissues and destructive necroses of the same. At the same time, the secreted mucus aids in throwing off the exudations from the surface, and the same causes are an explanation of the failure of the lymphatics of these structures to take up the infectious matter—hence

laryngeal and tracheal diphtheria are largely local, and unaccompanied by constitutional symptoms, and would be a really mild expression of the disease were it not that for mechanical reasons life is endangered. For similar reasons the circumscribed patches of diphtheritic membrane upon the tonsils, frequently covering them in their entirety or their opposing surfaces, and unaccompanied by such constitutional disturbance, glandular involvement, etc., are mild manifestations of the disorder, and by practitioners who intemperately assert that death is the only evidence deciding in favor of a diagnosis of diphtheria, are no doubt sometimes placed in line with non-infectious diseases.

The structures of the mucous membrane, its different elements, as the epithelium pavement membrane, underlying connective tissue mixed with elastic fibres, the blood-vessels, nerves, and gland ducts, all affect materially the pathological plan of action locally and the general involvement. The free flow of secretion, from the membrane lining the larynx and trachea and the nasal cavities, favors the separation and ready expulsion of organized exudates; but the difference in the adjacent tissues is manifest in the varying systemic poisoning; in laryngeal and tracheal diphtheria, Bowman's membrane forms a barrier to ready absorption, while nasal diphtheria is deadly dangerous, due to the large number and size of the lymphatic ducts of the Schneiderian membrane, as well as their perfect communication with the lymphatic glands of the neck, all aiding a ready entrance into the circulation.

The urine being free from albumen in the majority of cases of croup is cited as an argument by the dualists to sustain their position; but, even granting the fact, it is explainable by reason of the constitutionally mild character of the attack, if the larynx be primarily involved, and the large mortality preventing a fair comparison and complete determination of the presence or absence of albumen. The frequency or infrequency of subsequent paralysis, presented to prove their position as dualists, can be met by the same answer as the above.

A very interesting discussion of this subject occurred in the Louisville Clinical Society, January, 1888, and is reported in the *American Practitioner and News* of February 4th. An exhaustive aggregation of arguments from the dualist standpoint are ably presented by Dr. Jno. A. Ouchterlony. Dr. W. Cheatham, of Louisville, by request of Dr. Ouchterlony, looked up the authorities for the other side, and admirably arrayed them in service of his friend, and he acknowledges that the resulting article comes very near making him a unicist. If there be a difference, it is far from clear to his mind.

The argument that the suddenness of the attack and absence of a period of incubation separates croup from diphtheria is properly met by the statement that examinations of the pharynx and nasal spaces are frequently insufficient, and the mild prodroma which would of necessity occur in primary laryngeal or tracheal diphtheria would probably be overlooked.

I suspect, if the majority of cases of croup could tell their own story, they would relate the fact that a complete examination with full illumination of all the available mucous territory had not been made, and that intelligent and persistent interrogation might have revealed a history of slight loss of appetite, and a discomfort in swallowing difficult morsels for several days before. To illustrate this point, I recall three cases of croup—so-called—within my knowledge during the past six months. One case will illustrate the three: Sent for to see a child four years' old, said by parent to have sore throat, and feared diphtheria; not being in office, some hours elapsed and call was cancelled. A few days later the mother informed me that she had treated the child with medicine ordered for a neighbor's child with diphtheria, and had countermanded the order for me to call, fearing her house would be placarded, and her business—the supplying of her neighbors with milk—be ruined. Five days later, I was summoned in the night, but, being out, another physician was called; two days later, I was called in consultation, and found the child dying from pronounced laryngeal diphtheria; intubation or tracheotomy was offered and

rejected. The child died a few hours later, and a certificate was given by the attendant giving croup as the cause of death.

The mortality records show an enormous increase of deaths from croup (?) during an epidemic of diphtheria.

One fact which is worthy of notice, and which is an additional argument in favor of the identity of the two diseases, is that the classical treatment for croup has for years been free exhibition of the mild chloride (coupled with stimulation) with a view to its defibrinating effect. The secretory system has thus been stimulated, and the effect has been to favor the moistening and exfoliation of the exudation, and antagonize the disposition to constitutional involvement.

Since the same plan of treatment has been applied to general diphtheria, the tendency has been to the securement of a similar result, and the mortality reports present a more favorable showing. By the prompt recognition of the first appearance of diphtheria, and the immediate institution of imperative interference in the shape of free purging with the mild chloride, local antiseptics rendering the infectious matter innocuous, and continuance of constitutional measures, which are germicides and stimulators of glandular action—first on the list being the bichloride, benzoate of soda, and large quantities of water, we can without doubt claim accomplishments that are tangible and positive.

I feel strong in the conviction that "croup" and diphtheria are one and the same disease, and that the teachings of pathological anatomy as well as the clinical symptoms will justify no other conclusion.

3601 Lindell Boulevard.

### THE PHILADELPHIA CLINICS.

#### MEDICO-CHIRURGICAL HOSPITAL.

**SYNOVITIS OF KNEE.**—GOODMAN drew off the fluid by aspiration, using strict antiseptic precautions, and washed out the joint with bichloride solution.

WAUGH has under treatment a similar case of years standing, which he is treating by the internal administration of salol and the continuous application of ichthyl externally. This treatment has been kept up for a month, with steady improvement. The ichthyl is

mixed with lanoline, spread on flannel, and the whole covered with oiled silk.

**HEMATO-SALPINX.**—MONTGOMERY removed a hematoo-salpinx in which the distended and partially ruptured Fallopian tube contained more than half a gallon of blood. He was unable to remove all of the sac on account of intestinal adhesions.

The cavity was carefully cleansed, a large drainage tube inserted, and the wound closed.

The patient is now doing well.

**CAUTION IN USING ACETANILIDE.**—That care needs to be exercised in the use of acetanilide is shown by its action in a case of typhoid fever in the hospital. A single dose of 5 grains reduced the temperature  $7\frac{1}{2}$ ° in less than two hours, and this was followed the same night, after a slight rise, by a further fall of  $1\frac{1}{2}$ °.

There was no hemorrhage at the time or immediately following.

**Poisoning by SULPHURIC Acid.**—An interesting post-mortem was recently held on a case which died from the effects of injury by sulphuric acid swallowed eight months ago.

A whalebone bougie, with tips of increasing size, had been used for months to keep the oesophagus open. The patient was able to swallow a sufficient amount of food readily; but he was troubled with persistent vomiting, and at death was extremely emaciated. The oesophagus was a cicatricial mass from the pharynx to the stomach; the lesser curvature had numerous cicatrices, but the greater curvature none at all; the pylorus was much narrowed by a dense fibrous stricture.

A small false passage was found leading from the middle of the oesophagus, downward and forward about four inches. It ended in a small pouch, which was adherent to both lungs, and seemed to discharge its contents into minute bronchi. The stomach was greatly distended by sour food. To account for the presence of cicatrices on the lesser curvature and at the pylorus, but of none on the greater curvature, the longitudinal rugae of the stomach must, when the acid was taken, have been so approximated as to shut off the fundus and greater curvature from contact with the caustic.

## TRANSLATIONS.

## REPLY OF DR. DOMINGOS FREIRE TO M. P. GIBIER.

In the preceding number we gave a résumé of Gibier's latest communication concerning yellow fever, in which he states that his experiments did not yield results which harmonized with those of Freire.

We have just received a pamphlet from the latter in which he makes the following defense of his position.

He claims with some show of reason that Gibier's negative results should not weigh against his positive ones. Though Gibier did not succeed in isolating the yellow fever germ found by Freire, others have met with better success, among the number being Rebougeon, Finlay and Delgado at Havana; Range and Maurel, surgeons of the French Navy, besides a number of Brazilian physicians. Two of these, Finlay and Delgado, made their researches at the same time and place as Gibier, and with the same care.

To Dr. Sternberg he devotes but a foot-note, saying that the American sojourned but a short time in Brazil, at a time when there was no epidemic; he examined but one sporadic case, and made no autopsy; in fact, he had not the materials with which to form an opinion of even mediocre value. Dr. S. supplies the lack of arguments by distorting the facts, and inventing imaginary calculations and coarse sophisms, in order to uphold his preconceived idea that this vaccination against yellow fever is chimerical.

Returning to M. Gibier, Dr. Freire claims that the microbe isolated from the black substance found in the intestines, and claimed by Gibier as his own discovery, is really the same as Freire's. In the note presented by Gibier to the Academy on Feb. 13, he says, "I have isolated, from the black contents of the intestine, by a particular process, a micro-organism whose culture let fall in less than twenty-four hours a deposit of thick, black flakes and powder. The sides of the culture tubes are blackened by the secretions of the microbes. I have inoculated with a drop of this culture the intestines of guinea-pigs, which

die in twelve to sixteen hours, with the intestine extremely congested, and containing a blackish and sanguinolent matter." All these results had been already obtained by Freire; and on page 203 of this book entitled, *Doctrine Microbienne de la fièvre jaune et ses inoculations préventives*, published in 1884, he says, "A large number of cultures have presented a black deposit, which we have shown to our students and to Brazilian and foreign physicians. When Professor Rebougeon, in the laboratory of the faculty, repeated our experiments and researches, he had occasion to verify for himself the truth of this fact, curious and full of interest for the pathogenicity of yellow fever."

Since M. Gibier has already found in the black substance a microbe, which behaves like that discovered in Rio Janeiro, and since he has already begun to propagate the malady by inoculations with this microbe, confirming on this point the results of Freire's experiments, the latter thinks his adversary may also in time discover the same germ in the blood, the urine and other fluids, as he himself has done. M. Gibier is further accused of lack of faith, since MM. Finley and Delgado offer proof that Gibier found in the blood a micro-organism in all respects like that of Freire, and confessed as much to professional witnesses.

In his effort to assimilate cholera morbus and yellow fever, in accordance with his preconceived idea, Gibier says that the microbe found in the digestive tube is a bacillus, short, thin, mobile, little refracting; and that when these bacilli articulate themselves by twos, they appear as diplococci. This bacillus has the singular property of secreting the black substance only in the presence of colonies of the white microbe. This Freire considers evidently due to faulty observation, and quite absurd. The microbe of the blood is identical with that of the stomach; both secrete black matter and both are micrococci. Since 1880, he has shown that bacilli are present in the black vomit, and that they interfere with the pure cultures of the micrococci; and Gibier has attributed to the former the rôle which pertains solely to the latter. The production of the

black substance may be favored by the presence of the bacilli, as well as by other ingredients of the culture bouillon. When the bacilli are eliminated from the micrococcus cultures, less black matter is formed and sometimes this is delayed for many months; but it never occurs in pure cultures of the bacillus.

In fine, Gibier has found or advanced nothing which has not already been published by Freire; and the former would have simply confirmed the latter's statements were it not for coveting the honor of original discovery.

Freire found that his cultures from the blood of yellow fever patient were always fertile and that these cultures, except for a slight difference in grouping, corresponded perfectly with those made in Havana by Finley and Delgado, not only in the color and the disposition of colonies in solid media, but even in the dimensions and form of the micro-organism. In 1886, Dr. Matienzo obtained at Vera Cruz, Mexico, cultures equally identical with those just described. These results, obtained in three different countries, by observers who had no connection with each other, offer a most valuable guarantee of their exactness and veracity.

This paper contains also a lithographic copy of M. Gibier's letter to Freire, with the latter's comments, and two colored plates showing micrococci cultivations from the blood and from black vomit.

Dr. Freire makes out a strong case against his antagonist, whom he accuses of endeavoring to appropriate to himself the Brazilian Professor's discoveries. It would not be the first time that ideas from this side of the Atlantic were thus appropriated in Europe, and the true authors ignored. Dr. Freire shows that he recognizes this when he exclaims bitterly, "What chance has a poor Professor of the Faculty of Medicine of Rio de Janeiro against a condemnation pronounced by the fiery assistant naturalist of the Museum of Natural History of Paris?"

M. TUASON has given to M. the Director of Public Charities, the sum of 500 francs for workmen without work or means on their discharge from the hospitals.

#### HYDROFLUORIC ACID IN TUBERCULOSIS.

GRANCHER and CHAUTARD have examined the questions: What influence does the application of vapors of hydrofluoric acid through the respiratory passages exert in rabbits upon tuberculosis produced by intravenous injection? And further: What influence does hydrofluoric acid exert upon cultures of the tubercle bacillus?

To the first question the answer is absolutely negative, i.e., no impression whatever is made upon the course of the infection.

To the second the answer is that hydrofluoric acid vapors acting upon cultures of bacillus tuberculosis certainly have the effect of diminishing the virulence of the bacilli, without however killing them.—*Centralblatt f. Bacteriologie u. Parasitenkunde*, 1888, Vol. IV, No. 7, p. 216.

#### REFLEX EPILEPSY.

DR. EDWARD DIRMOSER (*Internat. klin. Rundschau*, August 12, 1888, p. 1302) relates the following case in proof of the reflex origin of epileptic seizures:

A boy, 9 years of age, while at play fell off a wagon and fractured the right clavicle. This was not discovered until a considerable time afterwards, when, though the usual apparatus was applied, union failed to take place. Three-quarters of a year subsequently nervous symptoms made their appearance, consisting at first merely of an aura radiating from the seat of injury, with slight giddiness of short duration, occurring at long and irregular intervals. At the age of 15, disturbance of consciousness and evidences of convulsions were manifested. At 19, typical epileptic fits occurred three to five times daily. These attacks occurred either spontaneously, when they were always preceded by the aura, or they could be brought on by pressing the acromial end of the broken bone against the brachial plexus.

At this time the usual operation for procuring union was successfully performed. As the cure advanced the fits gradually diminished in intensity, and the intervals between grew longer and longer, and, by the time that consolidation of the bones and absorption of the callus had taken place, the paroxysms

ceased to return. The operation was done August 17, 1887; the last epileptic attack occurred December 11th of the same year, and the patient died of acute phthisis in August, 1888.

#### VACCINATION AGAINST CHOLERA.

THE following work is only a simple and faithful application of the experimental method which has been created in the laboratory of M. Pasteur, and which has already given such beautiful results in chicken cholera, carbuncle, and hydrophobia.

The author has no need to recall the true obstacle which has prevented him for five years from applying it to Asiatic cholera. This obstacle has forced M. Pasteur to leave this malady to the researches of future pupils.

So the author has applied to cholera two great principles of the experimental method—that of progressive virulence, and that of chemical virus.

It is known that the ordinary cultures of choleric vibron have only a minimum virulence, so that M. Koch, who discovered them, believed, after numerous failures, that cholera could not be inoculated by animals. On the other side, pupils of M. Pasteur, at the time of the French mission to Egypt, had only succeeded once in giving the cholera to a single chicken.

Now, it is easy to give to the cholera vibron an extreme virulence. It is necessary only to pass it through a pigeon after passage by a guinea pig. It kills the pigeons by producing in them a dry cholera with exfoliation of the intestinal epithelium. That which is more important still, the microbe appears also in the blood of the pigeons which have succumbed. After some transmissions this microbe acquires such virulence that the blood of the pigeons of passage, in doses of one or two drops, kill all fresh pigeons in from eight to twelve hours. This virus kills also with even smaller doses.

It is important to note that all animals of these two species, without exception, succumb to the virulent affection. With this absolutely fatal virus has been demonstrated the existence of choleraic immunity. So, we have inoculated a pigeon twice with an ordinary (non-virulent) culture of cholera; the

first time in the pectoral muscles; the second in the abdominal cavity. This pigeon has become protected against the most virulent virus—the blood of pigeons of passage. The fact of immunity has been so acquired.

Now, if one cultivates this virus of passage in a nutritive bouillon, and if this culture is heated  $120^{\circ}$  for twenty minutes, to kill all the microbes which it contains, one knows that the heating has left a very active substance in the sterilized culture. This culture in effect contains a toxic substance which causes some characteristic phenomena in the animals experimented upon.

Inoculated in quantities of 4 c.c. to a guinea pig the sterilized bouillon produces a progressive lowering of the temperature and death in twenty to twenty-four hours. At the autopsy there is found pronounced hyperemia of the stomach and bowels, and, as a consequence, a complete absence of cholera microbes. The pigeons succumbed with the same morbid phenomena, only, they are more resistent to this poison and their death takes place only after a dose of 12 c.c. is injected at once. If, on the contrary, this same quantity of 12 c.c. is injected in three, four or five days, it does not kill them. Upon these pigeons one observes a phenomenon of the greatest importance—they have become protected against cholera. The most powerful virus, the blood of a pigeon of passage, inoculated even in quantity of 5 c.c., will not kill them.

The vaccination of guinea pigs succeeds still more readily; in introducing the toxic and vaccinal bouillon, in quantity of 2 c.c., one vaccinates them in two or three sittings (in all 4 c.c. to 6 c.c.).

So we are in possession of a method of vaccination preventive of cholera. More; this method is founded, as we have seen, upon the employment of sterile vaccine, and it possesses all the advantages of a chemical vaccination; the surety and the security, since the chemical vaccine can be measured in a manner altogether rigorous, and introduced by doses small enough to be harmless, so that the number of them can give a quantity sufficient for the desired protection. So, in our experience, the immunity is conferred

without danger and without exception. We hope that this method can be applied to human vaccination to preserve populations from Asiatic cholera.—*GAMALEIA*, in *Bull. de l'Acad. de Med.*

**ANALGESICS IN ANEURYSM.**—M. GERMAIN SEE read a paper before the Academy of Medicine, in which he spoke of the use of analgesics. After speaking of the abuse of morphine, which produces cardiac depression and Cheyne Stokes respiration, he said that antipyrine could be substituted for the more objectionable drug. During a year and a half he had employed antipyrine in all aneurysms. The clavicular pains and painful irritations, with or without numbness of the arms, are relieved.

The precordial and cardiac pains and even the sensations of *angor pectoris* disappear as if by enchantment; especially when the antipyrine is given subcutaneously in doses of 25 centigrammes, night and morning. The dyspnoea is also relieved more rapidly than when the drug is given by the stomach.

Under the combined influence of iodide of potassium and antipyrine, one sees with satisfaction and certainty all oppression disappear, whether due to catarrh or to compression of the recurrent laryngeal nerve, of the bronchi, or of the lung.

As to phenacetine, he sees no reason to substitute it for antipyrine, which he considers the most inoffensive of nervines.

M. DUJARDIN-BEAUMETZ did not agree with M. SEE in looking upon antipyrine as innocuous. Many cases of intoxication have been reported from its use. Phenacetine gave him equally good results, and had the great advantage that its manufacture is not a monopoly. Besides, it is cheaper than antipyrine, and the dose is smaller. Its one disadvantage is its insolubility; nevertheless, with a daily dose of 1.50 grammes, in cachets of half a gramme each, as good results can be procured as with antipyrine.

He had not found the toxic dose of phenacetine, though he had given it to animals to the amount of three grammes per kilo, without causing death in any case.—*Bull. de l'Acad. de Méd.*

ACCORDING to the official gazette of the government of Turkestan, female physicians who practise in that province have to sustain a most painful struggle against the prejudice of the Mahometan population. Women will accept their aid only upon condition of receiving a gift. Similar customs prevail in Siberia. It was, until recently, the custom to present every woman who entered the Cossack Maternity Hospital at Omsk a gift of two or three roubles.—*Le Progrès Médical*.

THE *Scalpel* of August 19 announces that one of the students at Odessa, attacked by religious mania, performed castration upon himself. After the operation he went to church, where he prayed with ardor until a veritable pool of blood stood about him. They took him at once to the hospital. While the surgeons sutured the wound, the patient remained absolutely indifferent, and continued praying and making signs of the cross. In spite of a considerable loss of blood he recovered. We will recall to our readers that M. Seinburier has published a very interesting study upon the *Skoptzy*.—*Le Progrès Médical*.

SINCE the eighth of August, Jewish students are refused admission to the University of Moscow.

FELICI finds metrorrhagia quickly arrested by the local use of salicylic acid in concentrated solution.

LANGLOIS and Richet find the convulsant dose of cocaine is smaller the higher the temperature of the patient.

PARISI reports that cocoanut is a valuable taenicide. He gives the milk and pulp of one nut in the morning fasting, no purgative or confinement to the house being required.

MARGARITTI uses creolin, one to 400, for purulent ophthalmia. This solution is instilled into the eye and applied over it on compresses. A burning sensation follows, which lasts five minutes. Obstinate gonorrhoeas also yield to deep injections of a 5 to 8 per cent. solution of the same agent.

PHILADELPHIA  
**MEDICAL TIMES.**

PHILADELPHIA, SEPTEMBER 15, 1888.

**EDITORIALS.**

**THE YELLOW FEVER IN  
 FLORIDA.**

AS we predicted in our last issue, the outbreak in Florida has proved serious. Not only is the number of new cases increasing daily, but the disease is appearing in a severer form; in some cases putting on malignancy. Reports begin to be heard of men being stricken down from a condition of apparently perfect health, and dying in a few hours.

This is not calculated to lessen the apprehensions of those who are exposed to the pestilence, and accordingly we hear some bitter strictures upon the action of the authorities. Surgeon General Hamilton and his associates have a difficult course to pursue, in alleviating the distress of those who are in the infected district and protecting the other sections of the country against the danger of infection. It is not to be expected that these two duties will never conflict, and cases of individual hardship will probably occur. But we would urge the public not to be too hasty in condemning men who are doing their best, but rather to believe that those who are on the ground and are familiar with the true facts are the best judges of what should be done. We notice in the newspapers that some of those who had condemned Dr. Hamilton have already acknowledged their mistake. It is much better to hold up the hands of those who are entrusted with this grave duty, instead of hindering them by opposition which is largely founded on ignorance of the true situation.

The appeal for assistance has come

quickly upon the heels of our prediction, and should be promptly and most liberally responded to. Money is needed above all; for money can be transmuted into any necessity.

We cannot help feeling that a fatal mistake is being made in sending nurses to Florida from the North. An unacclimated person going into the midst of a yellow fever epidemic is almost certain to be attacked—far more likely than the residents in the infected district. Such unacclimated nurses simply offer more material for the disease to feed upon, and add to the burdens of the stricken people. However generous the impulse which leads men and women to rush to the help of the afflicted brethren, good judgment should temper their enthusiasm, or it is worse than useless. Nurses should be supplied from New Orleans, Memphis or Pensacola, where numbers may be secured who have had the fever and are safe, as well as experienced, while the means for supporting and recompensing them should come from the North.

We print in another column the answer of Freire to the publications of Gibier and Sternberg. The question cannot as yet be definitely settled between these distinguished observers. Perhaps the present epidemic will be signalized by another step in clearing up the pathology of this affection.

Dr. Guiteras has already furnished some indirect testimony in a former outbreak. He gave the antipyretic treatment a trial, and found it unsatisfactory. Had the danger related simply with the high temperature,<sup>1</sup> the antipyretic method intelligently applied, as it was sure to be by Dr. Guiteras,

<sup>1</sup> In the limited number of cases observed by the writer, the temperature of 105° F. was the "dead line." All cases which passed this point died; while those which did not reach it recovered.

should have proved fully capable of controlling the attacks. The failure of this method is quite consistent with the theory which attributes the phenomena of the disease to the presence of a specific microbe in the stomach and the absorption into the blood of substances generated by this microbe; perhaps, acid phosphate of soda, or phospho-glyeeric acid, as suggested by Dr. Ygnacio Alvarado in a scholarly paper read before the Ninth International Medical Congress.<sup>1</sup>

The good results obtained by the use of intestinal antiseptics in some cases quoted by Gibier and by Sternberg go to confirm this view. The field is then clear in the present epidemic for the fullest trial of this method, and we may hope to hear of its success or failure; and also which of the various germicides proves most effectual.

The various forms of rectal alimentation should also have a trial. The stomach surely has enough to do without being called upon to digest food. Applying the principle of giving functional rest to a diseased organ, the rectum and the skin should be employed for the purpose of feeding. Nutrient suppositories and enemata, milk baths and inunctions of cod-liver oil or lanoline, and even the introduction of peptones into the vagina are eligible means of alimentation. While the amount of nutriment actually utilized in these ways may be small, it is better than none, or than irritating the stomach. Even if these methods were not employed, it is better not to feed by the stomach, as the disease is not of so long duration as to render supporting food of vital importance. It is probable that, even in so prolonged an attack as that of typhoid fever, the body is almost exclusively nourished from its

own tissues, and not from the food taken into the stomach.

If Hebersmith's treatment (which consists in the use of jaborandi) should prove the most successful, its efficiency would be utterly inexplicable on the microbic theory or any other with which we are acquainted. We do not look for success in its use, which, however, should not deny it a fair trial.

The death of the celebrated lecturer and astronomer, Richard A. Procter, from yellow fever, has come upon the community with a certain degree of shock. We read of the ravages of an epidemic without taking home to ourselves the full significance of it, until some one who is near and dear to us, or who fills a prominent place in the eyes of the world, is stricken down. That Mr. Procter should have yellow fever at all, shows that the disease must be more widespread in Florida than has yet been announced; and this view is borne out by the report within two days of sixty cases at a town not previously known to be infected.

Mr. Procter is said to have been suffering with Bright's disease, a complication which renders any but the mildest form of yellow fever necessarily fatal. This illustrates the reason for the curious fact which has been noted in epidemics that, although the mortality for the year in which they occur may be somewhat above the average, the mortality in the next year or two will be so much less that the ordinary average will be regained. In other words, those who perish in an epidemic of cholera or yellow fever are those who would have died within a year or two of disease of the kidneys, heart, liver or lungs. Add to these the sots and libertines; for the drunkard meets with certain death in yellow fever, while nothing predisposes to an attack so much as excesses in wine or

<sup>1</sup> *Philadelphia Med. Times*, Nov. 1, 1887.

women. Temperance in food and drink, yes, in all things, a wise forethought in personal and domestic hygiene, and that calm spirit which neither seeks nor fears death, are the best prophylactics against yellow fever.

W. F. W.

TWO of our contemporaries have objected to our special notices, without, however, advancing any arguments in support of their position. It has somewhat the appearance of egotism for the most recent recruits to the ranks of medical journalism to lecture upon their duties those who have grown gray in the service, and to say to them, "It is wrong for you to do this and that, because we don't do it." Pray, what have these youths as yet done that they should presume to set up their alleged opinions as the true standard? What great achievements warrant them in assuming the functions of censors of the medical press? We have searched in vain among the archives of medicine for an answer. Their published opinions reveal only the sophomoric state of mind, the innate conviction that the world needs regulating and that they are the regulators, while as to their capacity the records are lamentably deficient.

Our position upon special notices has been already stated. We do not like to see them in the reading pages of a medical journal; but when placed among the advertising pages, with scraps of news, odds and ends of various kinds, and a little good-natured fun, well enough in its way, but hardly of sufficient dignity or permanent value for the reading pages, we see no objection to them.

As to the specials peculiar to this journal, there is something more of a principle involved. We cannot see how a journal can avoid feeling a re-

sponsibility for its advertisements. If the editor considers the things advertised not suitable for his readers' use, he cannot honestly accept the advertisement. But how can he use his pages to introduce to his readers a thing he will not use himself? And if that use prove satisfactory, why not tell it? We do not confine ourselves to the formulas of the U. S. P. We claim the same right to use Wyeth's malt as P. and W.'s quinine; the same right to recommend Scott's emulsion as Merck's hyoscine, provided always that the recommendation is warranted. We feel it a duty to give the same trial to these things which we, by printing the advertisements, urge upon our readers. But we never sell a notice. When asked to include them in our contracts, we invariably refuse, saying that we will give the goods a trial, and if they prove worthy we will say so; if not, we won't; and if the manufacturer has too little confidence in his goods to submit them to such a test, we are very glad to return his contract.

Acting upon our basis of perfect independence, we have never hesitated to publish matter which favored persons who were not our advertisers over those who were; and to the credit of the latter be it said, not one word has ever been addressed to us to show that they expected us to exclude such matters. If, as our competitor admits, the *Times* is popular with the advertisers, we trust we have at the same time won their respect. To conclude this subject, now and hereafter, we have only to say that it is not our rivals who have a right to criticize our policy, but our subscribers; but from them we have never received a line objecting to our "specials," while if we do not publish the many approving letters we have received, it is because we believe the space can be better util-

ized for our readers' benefit. When those who pay for the journal desire to have the specials omitted we will do so.

W. F. W.

### ANNOTATIONS.

ALREADY we begin to see the familiar faces of our brother *Æsculaps* upon the streets. By the time this number reaches its readers, the homeward tide will have fairly set in. Let us hope that a little of the health and vigor brought from seashore and mountain will be communicated to their patients.

The influence of the vitality of a physician upon those whose health depends upon him is very great. We recollect when we were convalescing from a fever that one visitor always did us good. His powerful frame, his merry face, looking as if he could laugh at the storms of a hundred years, never failed to fill the invalid with a sense of restfulness.

On the other hand, there are men under whose gaze the tide of vitality ebbs. We are confident that the sphygmograph would show a weakening of the heart when such persons approach a patient.

There is a surgeon in this city, not more learned, skilful and prudent than his fellows, but who carries his patients, by the sheer force of his vitality, through crises where death would almost inevitably ensue with other operators. Uncle Toby said, "By G—, you shan't die!" to the Lieutenant. And so our friend will say; and his belief in the patient's well-being is so evident that the poor sufferer takes heart, and actually *does* recover, even when, according to all the probabilities, he ought to die.

SENILE GANGRENE—SOME POINTS OBSERVED DURING THE TREATMENT OF A CASE.—The case in question was that of a man in his eighty-fourth year. At first the pain in the affected foot was somewhat relieved by the local use of lead-water and laudanum. When this ceased to give him ease, hot flaxseed poultices with laudanum were substituted. It was found that when one of these applications had lost its effect the

other would give great relief. In the course of a few weeks both had lost their power for good, and a solution of ammonium chloride one part, alcohol one part, and water eighteen parts, was substituted. By changing from one to the other of these three applications, a very tolerable degree of comfort was obtained; in fact, greater than I have seen in any similar case.

Opiates by the mouth, the rectum or the skin were not well borne; but chlorodyne succeeded somewhat better.

As soon as the skin showed signs of breaking, on the toe first affected, the fluid extract of *thuja occidentalis* was applied upon cotton wool; and this was the only dressing used throughout the whole course of the disease. Not a particle of offensive odor was ever to be noticed in the sick-room. The gangrenous tissues dried up, and neither hemorrhage nor other discharge occurred. In other cases of this disease the stench was exceedingly offensive; and the absence of this source of annoyance is a strong point in favor of the use of *thuja*. Wine of *coca* was used during the last few weeks, and while it is problematical if any real benefit ensued from its administration, it was greatly relished by the patient. During the last month the salicylate of soda, in doses of five to ten grains was given, with the effect of affording greater relief from pain than opiates or chlorodyne.

W. F. W.

IN the *Annals of Gynaecology* Cushing gives the statistics of the past year's work at the Murdock Free Hospital for Women. Of 373 operations other than laparotomies, he records 329 cures, 42 relieved, and 2 deaths. One of the latter was a case of uterine cancer operated upon by Martin; while the other was a sloughing submucous uterine myoma, removed with the spoon saw.

Of nine laparotomies for the removal of ovarian and parovarian tumors, one resulted in death. Of four oophorectomies for causes other than tumor, none died; while of eight laparotomies for other purposes than the removal of ovaries, six died.

During a recent visit to Boston, the editor had an opportunity to examine

this hospital. The hygienic arrangements are very complete; the ventilation being specially commendable. In fact, the good results recorded by Dr. Cushing may be said to be due to strict antisepsis, *plus* the effects of Murdock's liquid food.

The Carmichael and Ledwich Medical Schools in Dublin have been merged with the College of Surgeons. The proprietary interests are arranged satisfactorily by the latter school; some of the teachers of each school are dropped, receiving due monetary compensation, and the remaining members are united in a staff which consists of three Professors of Anatomy, one of Physiology, four of Surgery, two each of Medicine, Chemistry, Medical Jurisprudence, Materia Medica, and Botany, three of Ophthalmology, and one Anatomist. New professors will be appointed to Pathology and Pharmacology.

The night lectures at the two suppressed schools will be continued until the present classes have completed their studies, and will then be discontinued. This is to be commended; the system which allows a student to carry on his medical studies while pursuing some trade or business being a very objectionable one, and tending to produce a low quality of physicians in the majority of cases. Whether the wiping out of competition is to prove a benefit is another matter. We think it is a mistake, and look upon the great success obtained by the New York Post Graduate Colleges as largely due to competition.

*The Lancet* states that an industrial farm for the treatment and employment of poor inebriates is being tried in England. The experiment seems to have been thus far highly successful. An establishment of this sort was recommended in the *Times* some months ago.

THE Medico-Chirurgical College has induced Dr. William H. Welch to give a course of lectures upon the exanthemata and vaccination. Dr. Welch has been physician to the Municipal Hospital for Contagious Diseases for many years, and as such possesses the confidence of this community in a remark-

able degree. It may be truly said that he is the highest authority in America upon the subjects mentioned.

For its action in securing this course of lectures from him, however, the *Pittsburgh Medical Review* holds the college up to the scorn of the civilized world.

THE reduction in working women's wages in Paris during the last six years amounts to fifty per cent. This has greatly increased immorality in that city. Women often work a whole week to earn one dollar, a sum on which it is impossible to live.

MEMBRANOUS CROUP.—Jones, in *The Toledo Med. and Surg. Reporter*, recommends the following treatment for croup: To abort the disease, give five to ten grains of calomel. If the disease continue, give enough Dover's powder to relieve the cough, and small doses of calomel. Opium enables the child to tolerate the disease by allaying the nervous symptoms. The futility of treating croup by the common methods, expectorants and nauseants, has been demonstrated in the practice of every physician of experience. The mortality is reduced by the opium and calomel treatment to five per cent.

We have repeatedly stated our belief that the present system of treating croup could with advantage be dropped, and opium given to relieve the symptoms, until the indication for intubation presents itself, *i. e.*, retraction of the abdomen during inspiration. This, with supporting measures, will give better results than the depressants usually employed.

#### LETTER FROM PARIS.

THE "CONGRESS FOR THE STUDY OF TUBERCULOSIS IN MAN AND ANIMALS" has held its first session with Professor Chauveau as president, and Professors Verneuil and Villemin as vice-presidents. A large number of physicians and surgeons were present from all over the world, including a few from the United States, of whom Dr. Jacobi and Dr. Page were named as honorary members. After a careful revision of the papers presented and read, we do

not find much that will interest the practical American doctor in his search after a means of cure for his patients, who are already far gone in phthisis, as but very little new was presented in relation to therapeutical action. Certainly, it is too much to expect this Congress to find a sure cure for phthisis, when so many have sought after it for years; but we hoped to find some best definite plan laid down to guide us, outside, however, of this practical view of the Congress; which, permit us to say, is the one mostly taken by American physicians; who seem, if we do say it ourselves, to always look to a congress of great savants, with an eye to getting some benefit for their patients by better modes of treatment advised. Therapeutics in France and, indeed, in Europe have almost lost all credit. In Paris, the faith in drugs is very slight indeed, and yet, as the late Professor Flint used to say, "I see no use for a physician if he does not believe in his treatment." But leaving out treatment of the malady the Congress advised some good prophylactic measures, and settled the question that tuberculosis in animals is the same disease as that found in man. From this to advising careful inspection of all meat before use, to boiling all animals' milk, etc., was easy and good advice.

The scientific papers were of great value. One of the most important was that by Professor Cornil on the contagion of tuberculosis by the mucous membranes. The eminent histologist showed that it was quite possible that a few drops of a culture of the bacillus could penetrate the vaginal mucous membrane of rabbits without there being the slightest erosion; so that if semen contains the germ its transmission is possible through the healthy vaginal membrane. The practical outcome of this is evident.

Professor Nocard and M. Arloing, of Lyons, spoke of the dangers from the use of meat and milk from tubercular animals. They asked that tuberculosis be inscribed on the list of infectious diseases; that tubercle be looked for in fact by inspectors of meat just the same as they search for trichina, and that such meats be seized and destroyed. As to the milk it cannot be

easy to prove that it is partly dangerous, so that the best plan is to advise that all milk be boiled before use, no matter where it comes from. For those patients who wish to drink animals' blood, the advice is given that they should only use goat and sheep's blood, as those animals have less tuberculosis than cows.

Fearing the dissemination of phthisis by vaccination performed from heifers who may be infected with the disease, M. Degeve, of Brussels, said that they had adopted a system of taking the vaccine matter from an animal and then killing the animal, and if it is found quite healthy the vaccine is used. If, on the contrary, it is found tubercular, then all is destroyed.

MM. Chantemesse and Widal, of Professor Cornil's laboratory, showed that the bacillus and spores of phthisis will live under water for a long time, from six weeks to several months. M. Hanot, one of the most distinguished of the *agrégé* Professors of the Paris School of Medicine, well known for his studies on the liver, showed that there is a tubercular cirrhosis of that organ, and that many cases of tubercular peritonitis, called ascitic, are simply caused by this sclerosis of the liver; the organ in such cases is small, lobulated and what M. Hanot calls "stringy." The question of heridity of tuberculosis was studied; but nothing new stated, if we except that it was found to be rare in animals. The newly born of tubercular cows do not seem to have the mother's disease, but acquire it in some manner later in life. The new Professor Strauss, of Paris, showed that fowls resist tubercular infection by ingestion, as he fed them for months with the bacilli. Another observer however found that the fatty looking chicken livers which we eat are often full of the tubercular germs. Dr. Strauss, and Dr. Wurtz (son of the late Professor of Chemistry), studied the action of the gastric juice on Koch's bacillus, and found that it does not destroy its power; and M. Butel, of Meaux, followed by saying that he thought tubercular infection was more often produced by the way of the digestive tract than by the pulmonary one.

M. Richelot, one of our surgeons, pleaded in behalf of operative intervention in local tuberculosis, and gave cases to prove that successive operations had completely cured a number of patients. M. Barette also was in favor of intervention, and he had found great benefit from the injection of iodoformated ether in local tuberculosis, which he stated was an excellent method of preparing for operation by scraping, in a week after injection, as it prevents pus from forming in the sac and renders its walls red, granular and easy to reunite after incision. The pulverization of creosoted oil at  $180^{\circ}$  was recommended. The German air treatment was touched upon and approved of, and the Congress closed to meet again in two years, under the presidency of Professor Villemin, by which time it is hoped great advancement will be made.

#### PNEUMO-THORAX.

The treatment of pneumo-thorax by antiseptic injections has made further progress since the important communication made by Professor Potain, who injected sterilized air, as reported in one of our late letters. At present M. Moizard, physician to the Lenon hospital, reports having cured two cases by injecting 30 grammes of the following solution into the pleural sac :

R Tincture of iodine.....	} 60 grammes.
Alcohol at $60^{\circ}$ .....	
Solution of iodide of potassium at 1-10.	

M. Juhel-Rénoy found that injections of a solution of chloride of zinc, one-tenth strength, answered the same purpose, and that pleuritic patients of his were cured by it. He simply drew off a syringeful of the liquid in the pleura and replaced it with the same quantity of the chloride of zinc solution.

#### LANTANINA.

Some attention is paid here at present to a South American plant called *Lantana brasiliensis*, named by the natives *yerba sagrada*. The alkaloid—*Lantanina*—is claimed to act like quinine on the circulation, and is tolerated by the most delicate stomachs. It is given in pills, as the tinctures are too bitter to use. The dose is from 10 centigrammes to 12 grammes every 24 hours. It is claimed to cure intermittent fevers where quinine

fails to act, and that it has a specific action on the morbid agent that produces the fever.

#### TATTOO MARKS.

For the benefit of sailors and others who in their youth were foolish enough to tattoo their skin with India ink figures, M. Variot gives a method of getting rid of the marks which causes but little pain and leaves no deformity. He simply punctures the skin over the mark with fine needles and introduces a little tannin, and then touches the parts with a strong solution of nitrate of silver; this forms a tannate of silver scab that falls off soon and the mark goes away with it.

#### LUYS' EXPERIMENTS.

M. Luys, physician to the Charity Hospital, Paris, gave a long series of lectures this winter to prove that there was an action produced by different medicinal solutions when they were enclosed in glass tubes and sealed, then simply held against the back of the neck of certain patients. We were present at several of Dr. Luys' lectures, and were much struck by his experiments. He would take girls who were capable of being hypnotised, and passing them first into the somnambulic sleep, he put the tubes containing different drugs in contact with the skin of the patient, and produced the effects described of the medicines. One of the most curious experiments is where he places a tube containing brandy, and the patients at once pass on through all the stages of intoxication, finally singing a song and to all appearances being quite drunk. M. Luys did not hesitate to bring his system before the Academy of Medicine, which appointed a committee to examine this action of medicines at a distance. M. Dujardin-Beaumetz, Prof. Brouardel and Gariel reported adversely, when M. Luys retorts at great length at the meeting of the Academy of August 7th. But while admitting that the symptoms produced were very curious, most of the observers think that they are simulated by these patients, who get up the symptoms to show off. The proof is that when the commission used tubes of their own, and did not speak before the patient, all sorts of mixed up symptoms were produced, and M. Dujardin-Beaumetz said a pen-holder would

do as well as anything. The truth of the matter seems to be that many of these patients hear in the cataleptic state, and as they are natural actresses, they simulate whatever the person talking says. The wonderful symptoms produced by M. Luys' tubes, with the action of medicines at a distance, are probably thus produced.

M. Luys, however, in no way gives in, and hopes to prove yet that the influence is as he stated; and he showed a patient, to whom he said nothing, but placed a tube containing sparteine solution on her neck, when she at once manifested symptoms such as the actual administration of the drug would produce, the action of the pulse, etc., being exact. Time may show that there is something in it; but for the moment but few prominent physicians place any credit in the system.

#### TEMPERATURE OF SPRAYS.

M. Nicaise, late surgeon to the Paris hospitals, calls attention to the fall of temperature of spray when it is used at a certain distance. When the spray comes out of the machines used it is about 45° centigrade, but at 5 centimetres off it falls to 36°; at 10 to 28°; at 20 to 19°; and at 50 to 15°; so that at (about) half a yard distance the heat of the spray is only 15°. This varies slightly with the temperature of the room and the liquids used. These facts are important in the treatment of throat troubles by spray, as the distance at which the spray is thrown becomes important. It is probable that the constant cool spray thrown in cases of anthrax is what causes the cure, by refrigeration more than the antiseptic properties of the liquid used. This fall of temperature also explains the pleurisy often seen when surgeons allow the cold spray to fall upon the open wounds, and when spray is employed in operations it is much better to use it rather to purify the air of the room than allow it to fall on the patient.

THOMAS LINN, M.D.

PETRESCO says that pneumonia may be aborted at the outset by giving digitalis in the dose of one to two drachms of the leaves, in infusion. To children he gives twenty to thirty grains.

#### ABSTRACTS.

**CAUSE OF CANCEROUS INFECTIVITY.**—In the *Lancet*, Braithwaite develops his theory of the etiology of cancer. In his opinion, vitality is comparative; being confessedly greater in one individual than in another, it may likewise be greater in one tissue than in others.

He next raises the question whether the vitality of the epithelial cells may not be increased by excess of nourishment or otherwise. These cells, penetrating the basement membrane and lodging beneath it, meet in the softer tissues an increased supply of nourishment, and such cells, naturally hardy, incompressible, growing rapidly, unable to die by abrasion, have their intensity of life increased. The cells pass along the lymphatics to the glands; they find themselves in a machine accustomed to deal with effete and barely alive matter; the vitality of the invading cells overpowers that of the gland cells. This is favored by the lowered vitality of the tissues in general; the patient being in a high state of chemical nutrition, but a low tension of his vital fluid, from anxiety, etc. Life is not yet understood. There may be qualities of life as well as quantities. The life in the cancer cell is in some way superior to that of the tissues it invades. Experiments should be made by transplanting epithelium from a young and vigorous individual to the glands of an older and feeble specimen of the same species. He sums up by saying:

"If my view, therefore, is correct, the whole question of infectivity hinges upon the following points:—1. The certain fact of life being comparative in amount, a varying quantity in different tissues and cells of the same individual. 2. The probability that, just as decreased nourishment causes decreased vitality, so increased nourishment will cause increased vitality or life fluid in cells. 3. The probability that, as the cells of various tissues require different and varying forms of nourishment, so an increase in the food of one especial ingredient may cause an increase in the life fluid of one especial set of cells. 4. The probability that, when cells of different degrees of life compete for space, those of a higher grade will displace

those of a lower grade, other circumstances being equal. 5. In the case of epithelium cells thus competing, their inherent peculiarities assist this competition in a remarkable degree. The truth or not of these propositions of course admits of argument and dispute; but they will, I think, be admitted by most men as reasonable and worthy of consideration."

He intimates that an excessive meat diet, or the use of too little food, from inactivity, may be conditions which favor the hypernutrition of the epithelial cell, while the rest of the tissues are enfeebled.

**THE NEUROTIC TREATMENT OF CHOLERA INFANTUM.**—The nervous system is first of all to be sustained by free libations of cold water and cold peptonized milk, by the peripheral impression of cold water on the cutaneous surface, as well as by the replenishing of the blood by cold water given by the mouth to satiety of thirst. Cold water or cold milk punch, or cold egg-nog enemata, hot drinks and hot bathing are to be used later. The tonicity of the vaso-motor nervous system needs attention, as well as the nutrition of the central nervous system. Rest, prompt and effective, of the central nervous system must be secured by remedies which tranquilize and restore. Cold water soothes the nerves to rest and sleep. Opium (in minimal doses only) sustains the central nervous system against peripheral shock. Ammonium and sodium bromide likewise guard the system against the waste of peripheral irritation, and predispose to central nerve rest. Chloral, at night, is calmative and antiseptic. These, with the hypophosphites, sustain the central nervous system against exhaustion. Malted nutrients, boiled milk and beaten eggs, sustain the central nervous system against assault until reparation becomes complete. Creosote and the carminatives, especially peppermint, are antiseptic and tonic through their influence on intestinal nerve-endings. Atropin in minute doses (1200 to 1500 gr.) is of value.

The following formulæ are the result of thirty years' continuous practice, based on the principles previously discussed:

1. R Creosoti,  
Ol. caryophylli,  
Spt. menth. pip. ää..... gtt. j  
Tr. opii..... gtt. xij  
Tr. camph..... gtt. j  
Spt. vin. Gal..... 3 j  
Syr. zingiber..... 3 j  
Syr. tolu, q. s. ad..... 3 xvij  
M. S.—3i thrice daily, or after each passage, to an infant six months to a year old.

2. R Sodii brom,  
Ammon. brom. ää..... 3 j  
Syr. hypophosph. co..... 3 ij  
Tr. digitalis..... gtt. ij  
Syr. tolu..... 3 ij  
Aque cinnam..... 3 xxiv  
M. S.—3i in cinnamon or peppermint water, or boiled milk, thrice daily, or oftener, as indicated.

3. R Chloral hydrat..... 3 j  
Ammon. brom..... 3 j  
Syr. tolu..... 3 viij  
Aque menth. pip. q. s. ad. 3 xvj  
M. S.—3i or less, according to age, at night.

In lieu of hypophosphites I often substitute essence of pepsin and diastatic extract of pancreas. Ten to twenty drops are given, combined with a solvent for the bromides, and the dose given once or twice daily.

—HUGHES, in *Med. Standard*.

**THE PERCUSSION LIMITS OF THE STOMACH.**—In a paper by Jaschtschenko, the view of Traube, that the stomach when empty falls back and does not lie in apposition with the abdominal or chest wall, is controverted; also his belief that the fuller the stomach is the lower its inferior border lies. According to Jaschtschenko's observations, the inferior border of the transverse colon extends as far downwards as the umbilicus; the superior border, which is 6 centim. higher, lies at a distance of 4 centim. below the sternum. When the gut is quite empty, the inferior border lies a little higher, or 1 centim. above the umbilicus. In the right and left hypochondriac regions the superior border passes under the costal arch, being covered on the right side by the lower border of the thorax and the lower border of the liver, and on the left by the lower border of the thorax only. If the left half of the transverse colon and the upper part of the descending colon are full, the stomach being empty, a more or less dull percussion sound will be obtained over the lower part of the thorax on the left

side; but above this there will be a tympanitic note up to the inferior border of the lung. If a part of the colon is empty, the stomach being full, a dull note will be obtained over the stomach, and a tympanitic note over the transverse and descending colon—that is, when the individual is in a standing or sitting posture. When he is lying on his back there will be a tympanitic note all over, with the exception of the region of the spleen. It is known that the superior border of the stomach lies against the lower border of the left lung, its inferior border coinciding with the transverse colon. This never changes its place, the filling of the stomach causing the dulness to extend from below upwards, not from above downwards, as Traube thought. Again, the stomach when empty does not collapse and fall back, for it is always under these circumstances distended with air. After death, in consequence of the loss of tone of the diaphragm, the abdominal organs rise somewhat above their position during life. —*Lancet.*

#### ILLNESS CONTRACTED FROM AN AUTOPSY.

CARTER, in the Bradshawe lecture on uræmia (*Brit. Med. Jour.*), relates a case of disease of the kidneys, apparently beginning with a severe cold. This was followed by diarrhoea, vomiting and exhaustion. When admitted to the hospital, nine weeks after his illness commenced, he looked very ill, his voice was faint, his memory weak, and he answered questions slowly. Tongue dry; pupils moderately contracted, but responsive to light; temperature,  $96.2^{\circ}$ ; pulse, 92, very weak; no trace of dropsy. During the day he passed 11 ounces of urine, faintly alkaline, s. g. 1010, containing one-fifth albumen and 1.5 per cent. urea. In staining, a bright blood-red layer, almost half an inch thick, rose to the surface. It looked as if stained with carmine, and was sharply separated from the underlying lighter colored liquid. There was not the faintest trace of blue when it was treated with tincture of guaiacum and ozonic ether, while with solutions of phosphomolybdate of sodium and terchloride of gold it gave dense precipitates, the former

reagent imparting to it an intense green color.

The man died very suddenly, two days after his admission, in collapse.

The weather was quite cool, and no sign of decomposition was present; but the two persons who held the post-mortem were made ill. Immediately after opening the body, the pathologist became faint and giddy, and was shortly afterwards seized with diarrhoea and vomiting, requiring medical assistance during the following night. The porter who sewed up the body suffered in the same way. Both recovered in two days.

No evidence of disease was found in any organ excepting the kidneys, which weighed but  $1\frac{1}{2}$  oz. each. The heart weighed  $11\frac{1}{2}$  ozs., the left ventricle being somewhat hypertrophied.

#### DIET IN SUMMER DIARRHœA.

LOVE, in the *Medical Standard*, says: “I feel justified in epitomizing as follows: First: In the dietetic treatment of summer diarrhoea of infants, the almost complete withdrawal of food, temporarily, is sometimes desirable.

Second: While a cow-milk diet in its purity, or properly modified, is in the majority of cases to be preferred as a substitute for a mother's or wet nurse's milk, there are frequently conditions where all forms of milk are to be withdrawn and raw beef extracts or diluted albumen substituted, along with broths, beef teas, etc.

Third: As a temporary expedient, condensed milk is valuable; but it is objectionable as a permanent food.

Fourth: The addition of malted foods containing the proper proportions of carbo-hydrates to diluted milk is frequently most desirable.

Fifth: Artificial digestion is a great advance in the direction of the solution of the problem of artificial feeding. If the digestive apparatus be in perfect condition, predigestion is uncalled for; but when it is crippled its burdens may be very materially and happily lightened by the careful and judicious use of peptonizing ferments.

Sixth: No stereotyped food, which is applicable to all infants, no matter what the age or condition, has yet been

devised, and in the nature of things is not likely to be."

He does not agree with Woodbury as to the impracticability of peptonizing milk in the household.

#### AMERICAN AND FOREIGN OBJECTIVES.

At the late meeting of the American Society of Microscopists in Columbus, Detmers (*St. Louis Medical and Surgical Journal*) reported the results of a comparison which he had made in Germany between objectives constructed there and some from leading American factories. Neither Leitz, Seibert or Zeiss could effect a resolution of amphibleura pellucida with their own objectives; while Detmers succeeded easily with his  $\frac{1}{16}$  of Herbert Spencer and  $\frac{1}{12}$  of Bausch and Lomb.

The same results ensued when the crucial test of photography was applied.

The apochromatism was equally good in the American and German lenses. As to the formulæ used, the definition of the American was sharper and crisper; the resolution equally as good.

The German apochromatic twelfth costs \$120; the American tenth, of equally good make, \$80 to \$100. The Germans have improved their stands recently, by following good American models; but still stick to squatly models, which leave little room for accessories and require numerous special appliances. The American stands do not need special eye-pieces.

#### NON-INTERFERENCE IN OBSTETRICS.

Dr. Rosa H. Engert makes the following confession of faith in the *Medical Standard*: "It seems to me, with all due respect to 'conservative' opinion, perfectly safe to conclude:

I. That every parturient uterus, after the expulsion of the foetus, should be examined immediately before the cervical portion has a chance to contract.

II. That this only opportunity of gaining a perfect knowledge of the condition of the uterine walls and adnexa should not be lost, as it can be done with advantage to the patient.

III. The parturient uterus should be as perfectly cleansed as possible. If there be such firm adhesions that they

cannot be removed by gentle manipulation, we should advance the welfare of the patient by thorough irrigation of the genital tract, and by hot poultices to the abdomen."

We fancy that many of our readers will feel inclined to disagree with her.

**BENZOATE OF SODIUM.**—Powell writes to the *St. Louis Medical and Surgical Journal* of the good results he obtains from this drug. He finds it valuable in follicular tonsillitis, gastro-intestinal troubles in children, arising from indigestion, and cholera infantum. In dyspepsia, with regurgitation of food, flatulence, heartburn and dilatation of the stomach, he combines the benzoate with nux vomica.

**KELLOGG**, in the *Journ. Amer. Med. Association*, recommends oxygen enemas in chronic lithiasis, indigestion, biliousness, acute rheumatism, diabetes, Bright's disease and other affections.

#### FOR WHOOPING-COUGH.

**R** Bismuth salicylat.....gr. lxxv  
Benzoin pulv.....gr. lxxv  
Quinine sulphat.....gr. xv  
**M.** S.—Use as insufflation five times a day.  
—*D'Heilly.*

#### FOR CHRONIC CYSTITIS.

**R** Acid. boric.....3 ij  
Potass. nitrate.....3 iv  
**M.** Div. in chart, No. viii.  
Sig.—One to be taken daily in a pint of uva ursi infusion, in divided doses.

#### FOR ACNE.

Naphthol.....10 parts  
Sulphur. precip.....50 parts  
Green soap,  
Vaseline .....20 parts

Apply for half an hour, and then remove with lint or oil. Repeat daily until peeling is complete.

#### In obstinate cases:

Resorcin.....2.5 to 5 parts  
Zinc oxide.....5 parts  
Vaseline.....12.5 parts

To be made into a paste, and applied over night.

—*Isaacs.*

**St. MARC** details two cases of grave uterine hemorrhage which were arrested by distilled tar-water, given in doses of a teaspoonful every hour.

## REVIEWS AND BOOK NOTICES.

## ATLAS OF VENEREAL AND SKIN DISEASES.

With Original Text By PRINCE A. MORROW, A.M., M.D. New York: Wm. Wood & Co., 1888. Fasciculi V, VI, VIII.

The present numbers fully bear out the favorable comments made upon those which preceded them.

Fasciculus V contains plates illustrating Annular Syphilide; Chancre of Lip, with Generalized Pustular Syphilide; Large Pustular Syphilide; Syphilis Cutanea Ulcerosa and Rupia Syphilitica, with different stages of Pustulo-Crustaceous Syphilide.

Fasciculus VI: Tubercular, Serpiginous and Tuberculo-Ulcerous Syphilides; Ulcerative Gummata; Serpiginous Ulcerous Syphilide; Syphilis Cutanea Ulcerosa et Vegetans and Ulcero-Gummous Syphilide.

Fasciculus VIII: Seborrhœa; Comedo; Milium; Sudamina: Typhus Fever; Typhoid Fever; Variola; Varicella; Rubeola; Rubella; Scarlatina and Erysipelas.

The illustrations of the typhus and typhoid eruptions are the best we have ever seen; and the same may be said of those of variola and scarlatina. That of varicella does not show sufficiently the vesicles appearing in various stages of development at the same time. The morbillous group is not well done; the tints are not natural, and the artist has neglected the opportunity to show the gradual development of the eruption from above downwards in rubella as distinguishing it from rubeola.

In the syphilides, the peculiar, so-called "copper tint" has been exemplified in a singularly faithful manner. Exception may be made to Fig. 2, Plate XXVIII, where the drawing is not good; it being impossible to comprehend, from the picture, what portion of the body is represented.

DISEASES OF THE HEART AND CIRCULATION IN INFANCY AND ADOLESCENCE. By JOHN M. KEATING, M.D. and WILLIAM A. EDWARDS, M.D. Illustrated with photographs and wood engravings. Philadelphia: P. Blakiston, Son & Co., 1888. Pp. 215, 8vo. Price, \$1.50.

This work has been published in parts in the *Archives of Pediatrics*, and is now presented in book form, with many changes and additions.

The authors state that it is, in their belief, the only systematic attempt that has been made to collect in book form the material upon heart diseases in children.

The reader is cautioned against judging this book by the photographs, which are failures so far as conveying any idea of the conditions they are supposed to represent. But the book itself contains a large amount of information upon its special topic, taken from the most recent researches, and presented in an acceptable manner. It is a book which no experienced physician can peruse without interest, and few without profit.

THE NATIONAL FORMULARY OF UNOFFICIAL PREPARATIONS. First issue. Published by the American Pharmaceutical Association, 1888. Cloth, pp. 176, 8vo.

This book represents the "growing point" of therapeutics. It contains the new, the elegant, the improved elements of pharmacy. While the officinal preparations which have been tried and proved by years, sometimes by centuries of use, form the groundwork of our therapeutics, these newer preparations represent the latest developments of the art.

The busy practitioner will find this book a good one to keep upon his office table, where he can readily refer to it.

COMPARATIVE STUDIES OF MAMMALIAN BLOOD. With especial reference to the microscopical diagnosis of blood stains in criminal cases. By HENRY F. FORMAD, B. M., M. D. With sixteen illustrations. Philadelphia: A. L. Hummel, M. D., publisher, 1888. Cloth, pp. 61, 8vo.

This is a reprint, from the journal of Comparative Medicine and Surgery, of Dr. Formad's valuable researches. It is the book which any physician who expects to testify in court concerning a murder case would wish to read.

TUBERCULAR DIATHESIS. By W. C. Chapman, M. D., Toledo, Ohio.

**THE BEST SURGICAL DRESSING.** How to prepare it and how to use it; with a consideration of Beach's principle of bullet wound treatment. By OTIS K. NEWELL, M. D. Boston: Cupples & Hurd, 1888. Cloth, pp. 179, 12 mo. Price, \$1.00.

This little volume contains Mikulicz's monograph upon the use of iodoform in surgery, and an exemplification of Beach's principle, which, in the main, urges non-interference with bullet-wounds except where specially indicated.

**A NEW WAY OF TRAINING NURSES.** By A. WORCESTER, A. M., M. D. Boston: Cupples & Hurd, 1888. Cloth, pp. 118, 12mo. Price, .50.

The headings of this book are: How to Start a Nurse's Training School; The Training of Nurses in Private Practice, and [History of] The Waltham Training School.

While comparatively few of our readers will wish to organize nurse's schools, the second chapter may be profitably perused by any physician.

**DISEASES OF THE MALE URETHRA.** By FESSENDEN N. OTIS, M. D. The Physician's Leisure Library. Geo. F. Davis, publisher, Detroit. Price, .25.

A monograph by Otis, upon the urethra, needs no praise, nor extended notice, as the simple announcement of its appearance is sufficient. Mr. Davis is to be commended for his enterprise in securing such material for his useful little series.

**QUAND ET COMMENT DOIT-ON PRESCRIRE LA DIGITALE.** Par HENRI HUCHARD, Médecin de l'Hôpital Bichat. Paris: Librairie Médicale Leclerc, O. Berthier successeur. Boulevard Saint-Germain, 104. Bureaux de la Revue Générale de Clinique et de Thérapeutique (Journal des Praticiens.) 66, Rue de Ponthieu. 1888.

This admirable monograph, from the hands of one of the best modern clinicians, deserves to be widely circulated. Digitalis is one of the drugs concerning which it may be emphatically said that "a little knowledge is a dangerous thing." The alleged doctor, who knows

simply that digitalis is "good for heart disease," reminds one of a child playing with a loaded pistol.

**THE PROPOSED BOARD OF MEDICAL EXAMINERS.** By John H. Packard, M. D. Dr. Packard defines clearly the relation of the Code of Ethics to the proposed Board. His position is thoroughly consistent, and there can be no doubt that the Code must be disregarded by those who consent to serve upon a mixed Board of Examiners. The question at issue is really whether the Code as at present framed should be sustained.

#### LETTERS TO THE EDITOR.

*It is the earnest desire of the Editor to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is to open a column devoted to letters to the Editor. Short, concise papers upon medical subjects, records of cases worth being reported and queries on any medical subject are requested.*

#### OBSTINATE IMPACTION OF THE BOWELS.

##### EDITOR MEDICAL TIMES:

On April 16th I was called to see John McD., aged 77, weight 190 lbs., who complained of soreness and a dull pain in the right inguinal region, which first manifested itself after a full meal of spinach, etc., which was eaten at night. In the morning his temperature was 100°; vomiting of a bitter watery substance, yellow in color; tongue thick and leathery in consistence, cracked and coated; bowels constipated. I prescribed mass. hydrarg., gr. xv, followed by a bottle of citrate of magnesia, and ordered sinapis to the iliac region.

April 17, no better; pain rather increased, breath very foul, no nausea or vomiting, temperature 100.3°; heart weak, patient very nervous. Prescribed tr. digitalis, sod. bromid., tr. opii; also, liq. ammon. acet., tr. aconit., and pill cathartic comp., iij.

April 18, temperature normal, pain relieved, soreness decreased somewhat, still constipated. Prescribed mild chloride, with sol. magnesia; gave an enema of hot soapsuds, with negative result.

April 19, temperature normal, feels better, pain in cecum only on pressure, breath still foul, tongue still heavily coated and white, with eructations of gas; constipation still persists. Prescribed, magnesia sulphate in drachm doses, alternating with pulv. opii  $\frac{1}{2}$  gr., and then an enema of hot soap suds every twenty minutes until five were used.

April 20, temperature normal, patient better in every way; pain in ascending colon only on pressure, breath still foul, tongue gradually cleaning, had a small passage, about one ounce. Prescribed magnesia sulph. in half-drachm doses every two hours, and also gave an enema of one quart, withdrawing the opium.

April 21, much improvement, constipation still continues, rumbling heard over the abdomen. Continued above treatment; gave large injections of soap and hot water; diet, milk and slops.

April 22, much better; had small movements during the day, very offensive to smell, and very frequent and watery. Above treatment continued. Diet, soft food.

April 23. Well, but very weak. Ordered tonics.

GEO. W. COX, M.D.  
Philadelphia, Pa.

OFFICIAL LIST OF CHANGES AND DUTIES  
OF MEDICAL OFFICERS OF THE U. S.  
MARINE-HOSPITAL SERVICE, FOR THE  
TWO WEEKS ENDED, AUGUST 27, 1888.

SAWTELLE, H. W., SURGEON. Directed to proceed to San Diego, Cal., and inspect Service at said station, August 17, 1888.

HUTTON, W. H. H., SURGEON. To proceed to Way Cross, Ga., and assume charge of inspection and fumigation stations, August 18, 1888. URQUHART, F. M., PASSED ASST. SURGEON. Report to Surgeon Hutton for special duty, August 19, 1888.

GEDDINGS, H. D., ASST. SURGEON. Appointed an Assistant Surgeon, August 18, 1888. To report to Surgeon Hutton for special duty, August 19, 1888.

WERTENBAKER, C. P. ASST. SURGEON. Appointed Assistant Surgeon, August 18, 1888. Assigned to duty at the port of Norfolk, Va., August 20, 1888.

STONER, J. B. ASST. SURGEON. To proceed to Charleston, S. C., for temporary duty, August 20, 1888.

GUITERAS, JOHN, PASSED ASST. SURGEON. To proceed to St. Mary's River, Fla., to establish and take command of refuge camp at that point. The camp to be known as Camp Perry. August 22, 1888.

CHANGES IN THE MEDICAL CORPS OF THE U. S.  
NAVY FOR THE WEEK ENDING SEPTEMBER  
1, 1888.

ASSIST. SURGEON R. P. CRANDALL detached from the "Saratoga," and wait orders.

P. A. SURGEON W. R. DUBOSE detached from the "Jamestown" and to the "Constellation."

W. F. ARNOLD, Nashville, Tenn., commissioned ASST. SURGEON in the Navy, August 18.

GEORGE A. LUNG, Canandaigua, N. Y., commissioned ASST. SURGEON in the Navy, August 18.

OFFICIAL LIST OF CHANGES OF STATIONS AND  
DUTIES OF MEDICAL OFFICERS OF THE U. S.  
MARINE-HOSPITAL SERVICE FOR THE TWO  
WEEKS ENDED SEPTEMBER 10, 1888.

PURVIANCE, GEORGE, SURGEON.—To proceed to Fairport, Ohio, as Inspector, August 27, 1888.

MURRAY, R. D., SURGEON.—To proceed to Key West, Fla., Sept. 5, 1888.

HUTTON, W. H. H., SURGEON.—To take temporary command of Camp Perry, Fla., Sept. 8, 1888.

GUITERAS, JOHN, P. A. SURGEON.—To proceed to Jacksonville, Fla., after return from duty, on special train from Jacksonville to Hendersonville, N. C., Sept 8, 1888.

BRATTON, W. D., P. A. SURGEON.—To proceed to San Francisco, Cal., and report to Surgeon H. W. Sawtelle for duty, Sept. 8, 1888.

WARDIN, EUGENE, P. A. SURGEON.—To rejoin his station at Mobile, Ala., Sept. 5, 1888.

MAGRUDER, G. M., ASST. SURGEON.—To proceed to Mobile, Ala., and assume temporary charge of the Service, August 31, 1888.

FATTIC, J. B., ASST. SURGEON.—To proceed to Memphis, Tenn., and relieve P. A. Surgeon C. T. Peckham, August 31, 1888.

MAGRUDER, G. M., ASST. SURGEON.—To proceed to Way Cross, Ga., Sept. 6, 1888.

EPIDEMIC SORE THROAT, POSSIBLY FROM  
IMPURE MILK.—At the Medico-Chirurgical Society of Edinburgh (*Edinb. Medical Journal*), Cotterill described two epidemics of sore throat occurring among pupils at a college. The symptoms were anorexia, malaise, sickness, epistaxis, furred tongue, bad breath, and other symptoms of gastric troubles. The tonsils and pharynx were bright red, with much swelling; uvula and soft palate congested, but no exudation at any time upon them. On the tonsils and posterior pharyngeal wall were always follicular exudations, easily removable; sometimes large.

Albuminuria was infrequent. The disease lasted a week, in the acute stage. A peculiar symptom was brawny swelling in the neck, behind the sterno-cleido-mastoid. Rheumatic pains in the neck and back were noticed during convalescence.

Four days after the milk was ordered to be boiled, the epidemic ceased; but reappeared when the boiling was discontinued.

This experience was repeated in the subsequent year, with the same result.

The cows from which the milk was supplied were examined and found to be suffering with a vesicular disease on the teats, as to the nature of which opinions differed.

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**DOSE.**—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

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MICROSCOPIC OBSERVATIONS, showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. MILLER, A.B., Ph.D., D.D.S., Prof. of Operative and Clinical Dentistry, University of Berlin, from whose deductions LISTERINE appears to be the most acceptable prophylactic for the care and preservation of the teeth.

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**DIRECTIONS:**—For volatile substances, fill the vessel half full of hot water, and add the prescribed quantity of the drug. Then replace the lid and draw the breath through the nozzle. The air entering through the tube at the side in passing through the liquids becomes medicated.

For the inhalation of the fumes of Nitre, Stramonium, etc., the drug should be ignited and placed in the bottom of the vessel, when the fumes may be inhaled through the nozzle.

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THE Intercolonial Medical Congress will be held in Melbourne, Australia, on January 7 to 12, 1889. Members coming from Europe, America or India, will receive free passes over all Australian railways, on application to the Secretary. Special rates can also be secured from the various shipping companies. The success of the Congress is assured by the interest taken by the Australian Medical Societies. Members of the profession are invited to enrol themselves as members of the Congress without delay. The payment of one guinea will constitute membership in the society, and will entitle each member to a copy of the transactions. The last day for receiving notice of contributions is November 15, by which date an abstract of each paper should be forwarded to the Secretary. Engravings will be printed at the expense of the Congress. The visitors are promised much social entertainment. Subscriptions should be forwarded to the Treasurer, Dr. Graham, Church Street, Richmond; all other communications should be addressed to the Secretary, Professor Allen, University of Melbourne.

It is scarcely to be expected that a very large delegation from America or Europe will attend this colonial gathering; but we believe that those who do attend will find the proceedings unexpectedly interesting. The climate of Australia in January renders it a suitable resort for those who dread our Northern winter, and a physician in this condition would find this an appropriate opportunity to take the trip.

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In the treatment of all cases of Debility, Convalescence from severe illness, Anæmia, Malarial Fever, Chlorosis, Incipient Consumption, Lack of Nerve Tone, and of the Alcohol and Opium Habits, and all maladies requiring a Tonic Nutrient, it is superior to all other preparations.

It acts directly on the sentient gastric nerves, stimulating the follicles to secretion, and gives to weakened individuals that first prerequisite to improvement, an appetite.—By the urgent request of several eminent members of the medical profession, I have added to each wineglassful of this preparation two grains of SOLUBLE CITRATE OF IRON, and which is designated on the label WITH IRON, "No. 1;" while the same preparation, WITHOUT IRON, is designated on the label as "No. 2."

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VOL. XVIII.

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# MEDICAL TIMES.

A SEMI-MONTHLY JOURNAL OF

## MEDICAL AND SURGICAL SCIENCE.

WILLIAM F. WAUGH, A. M., M. D., EDITOR.  
GEORGE H. ROHÉ, M. D., ASSOCIATE EDITOR.

SEPTEMBER 15, 1888.

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EDITION OF 1888.

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Its Principles and Practice.

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Send for Pamphlet giving comparative analyses by 100 of the best Analytical Chemists in this country and Europe.

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We do not claim this food to be "a perfect substitute for human milk." But we do claim that **Carnrick's Food** approaches nearer to human milk in constituents and digestibility than any other food that has ever been produced, and that it is the only infant's food that will, without the addition of cows' milk, thoroughly nourish a child from its birth.

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# Plain Talks to Physicians.

## NEW DRUGS ANNOUNCED FOR INVESTIGATION.

The present era of activity in therapeutic research gives promise of a brilliant future for this art. While comparatively few of the many new drugs and medicinal principles introduced survive the test of thorough clinical trial, those that have done so have proven of such great value that the spirit of investigation fires every lover of progress, and never before has experiment to determine the value of new drugs been so active.

While the immediate result of this is to flood medical literature with much ill considered laudation or condemnation of new drugs, the ultimate effects will be to fix definitely the value or worthlessness of the remedies subjected to trial and a material gain to medicine and humanity to whom medicine ministers will thus be effected.

With a desire, therefore, to continue to bear our part in this enrichment of the *materia medica*, we beg to announce that we have obtained limited supplies of the new drugs described below of which we will furnish samples in the form of fluid extracts to physicians who have opportunity to test them clinically, and who will report the results obtained for publication, whether favorable or unfavorable. We have circulars more fully descriptive of these remedies which we shall be pleased to send on request.

### COCILLANA.

*Sycocarpus Rusbyi*, N. B. Britton.

The physiological action and therapeutic history of this important drug are set forth in a paper published in the *Therapeutic Gazette* for August, 1888. It was encountered growing along the sandy water courses of Bolivia during a recent visit of Dr. H. H. Rusby, the Botanist, to that country. Pharmacologically, its relation to the Meliaceæ is indicated by its strongly ipecac-like properties—in some respects almost identical, in which character it agrees with some of the other members of that family. As an emetic the dose should represent a half dram to a dram of the crude drug.

### ANHALONIUM LEWINII.

(Henning.)

This drug is used in Mexico as a narcotic, and has been made the subject of investigation by L. Lewin, Docent at the University of Berlin, Germany. (See article in *Therapeutic Gazette*, April 16th, 1888.)

This investigation shows that the drug possesses very marked physiological action, in some respects similar to that of strychnine. Its therapeutic application remains to be determined.

### ORTHOSIPHON STAMINEUS.

(Bentham.)

This drug, indigenous to India, Java, East Indian Islands and Australia, has recently been introduced into Europe, where, in Holland, England and France, its claims are now being investigated. It has been used in the form of an infusion (sometimes called Java tea), tincture, fluid extract, aqueous solid extract and syrup. We offer the drug in the form of the fluid extract, which faithfully represents its therapeutic properties. It has been successfully employed as a diuretic and demulcent in gravel, cystitis and in inflammations of the urinary tract.

### EMBELIA RIBES.

(Burma.)

Attention has been called to this drug as being a specific for tape-worm by articles in the London *Lancet* and some French journals of recent date. It is claimed that it has been long known, and has been used as such specific in India, where it is indigenous, and European practitioners have indorsed it. The drug is claimed also to be an alterative tonic, carminative and stomachic, and has been used in chronic skin diseases and the flatulence of dyspepsia with good results. Its effects in tape-worm are best secured by preceding its administration by a dose of castor oil.

### RHAMNUS WIGHTII.

W. & A.

Another drug of possibly minor importance is Rhamnus Wightii. In an article in the *Pharmaceutical Journal and Transactions* of the 18th Feb., 1888, by David Hooper, the eminent Quinologist, it is stated that this bark appears to have many principles which have been obtained from other medicinal barks of this order, and that although Rhamnus Wightii has a reputation for astringency, which impression seems to be confirmed when the bark is chewed, it resembles most of all the rhamneæ in composition. It is stated that its medicinal properties are now being tried, and that it is hoped that it will afford to those residing in India as useful a remedy as others of this nature that are largely imported.

### NEWBOULDIA LÆVIS.

(Seemann.)

Still another new drug is Newbouldia Lævis. This is claimed to have cured dysentery when all other remedies have failed. It has also been found useful in menorrhagia. Its use is advised in hemoptysis, hemorrhoids, etc., or in other words, whenever a venous astringent is indicated. Very little has been written about this drug. It comes, however, recommended by one of the highest authorities in England, as "worthy of trial."

Send for complete descriptive list of our products and circulars relating to any remedies in our list you may be interested in investigating.

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## NOTES AND ITEMS.

Dr. Hannah T. Croasdale has removed to 1525 Walnut St.

Professor—Gretchen, please take the cat out of the room; I cannot have it making such a noise while I am at work. Where is it?

Gretchen—Why, Professor! You are sitting on it, sir.—*Illustrirte Zeitung*.

Young father—Blamed if I know what's the matter with the baby, doc; but she cries all the time.

Doctor—Perhaps she has been cutting her teeth.

Young father—I don't believe it, doc.; she ain't had a knife or anything sharp to play with since she was born.—*Judge*.

We were shown a little instrument lately entitled the Compound Physicians' Pocket Lens. The magnifying power is about equal to an inch objective with the A eye piece. It is a very useful thing for examining the skin, the tongue, or any diseased surface, for removing foreign bodies from the eye, and a great variety of similar purposes. It is arranged so as to take up about the space of a quarter dollar. The lens is made by A. M. Bley, 231 Grand St., N. Y., and is sold at \$3.50 each.

The American Surgical Association meets at Washington, Sept. 18, 19, and 20. Dr. John Ashurst promises a paper upon Excision in Articular Disease; Dr. Keen, on Three Cases of Brain Surgery; Dr. J. W. White, on Trehipin; Dr. Packard, on Suprapubic Cystotomy; Dr. Mears, on Surgical Interference in Perforating Typhoid Ulcer; Dr. Packard, on A Case of Ligation of the Right Carotid and Subclavian Arteries for Aneurism of the Innominate; Dr. Willard, on Nephrectomy for Gunshot Wound.

It is said that the great speed just now attained by the English railways has a bad effect on the nerves of the employees. A fireman, while trying to oil his engine, became paralyzed by fear, and the engineer had to go out and bring him back to the cab. The force of the wind renders it difficult to keep on one's feet.

Dr. Sophia Jex-Blake, Dean of the Edinburgh School of Medicine for Women, has successfully passed all the examinations of the

Edinburgh Extra-Mural School before a committee of the conjoint Colleges of Physicians and Surgeons, and thus occupies the status of a lecturer on midwifery in the Extra-Mural School. It is believed to be the first instance of the admission of a woman lecturer on this branch in a medical public school.

Dr. George A. Sterling, who is attending Mrs. Harriet Beecher Stowe at her home in Sag Harbor, is said to entertain no hope of the recovery of his venerable patient. The author of "Uncle Tom's Cabin" passed her 76th birthday anniversary on the 12th of last June.

A little faith cure movement, though not under that name, has started at Danbury, Conn., where a man who preserved some melted snow from the great blizzard of last March has cured his own sore eyes with it, and is now practicing upon his neighbors with what the patent medicine testimonials would style miraculous success. It was certainly a great blizzard.

"My son," said the Judge, blandly, to the youthful witness, "do you know the nature of an oath?"

"I think I do, sir," replied the little boy, timidly; "my father has been betting on the Detroit this season."

Miss Waterston, M. D., formerly a student at the London School of Medicine for Women, has won a certificate from the Psychological Society in the examination in mental diseases. This is the first time a woman has entered for this examination. Miss Waterston has been practicing for many years in South Africa.

Kate Field is coming East to advocate the drinking of California wines. She had better go West and advise Californians to make better wines.—*Detroit Free Press*.

"You must give me time, George, to think it over. It is all so strange, so unexpected."

"I will give you a year's time if you wish it. My love for you is great enough to bear that strain."

"Oh, I don't want a year—give me five minutes."—*Life*.

Drs. Atkinson, Hewson, W. S. Stewart, Baldwin, J. Solis-Cohen, Forbes, Wrigman, Stern and Dwight, were among those present at the County Medical on Sept. 12.

## ANTISEPTIC DRAINAGE TUBES.—CLASS.



Made after Patterns furnished by Prof. S. W. Gross.

These tubes have large holes, one-half inch apart, arranged alternately on opposite sides. They are carefully finished, especial care being taken to make them smooth. In addition to the drainage holes, each tube has at one end, two smaller holes for the insertion of Safety Pin, through which it is prevented slipping into the wound.

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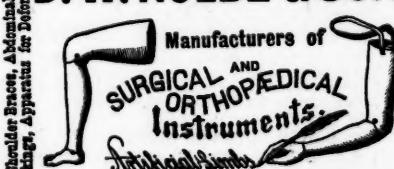
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A **TRIAL OF GALLI-PEPTONE WILL CONVINCE YOU** that it is superior to all other specifics for Morning Sickness, Sea Sickness, Sick Stomach, Etc. This is the only pure Chicken Peptone on the market, being prepared without the use of sugar or milk, starch or other inert substances. In use over ten years. Send at once for a trial package, with full directions.

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It is **pleasing to the taste**, much resembling lemon syrup, and will be accepted by the most fastidious patients, (an appreciable fact which cannot be said of iodide of potash).

The product bearing our name is perfectly stable and free from *free* iodine, which will be found in most products (distinguishable by its red color) and by virtue of its irritant action greatly lessens the value of the product, if indeed not totally destroying its utility.

Owing to the large amount of Iodine necessary to combine with its equivalence of hydrogen, we prepare the product as a one per cent. solution which furnishes three-quarters ( $\frac{3}{4}$ ) grain iodine to each teaspoonful.

It is **more assimilable**, as before stated, because of its physiological harmony, as the hydrogen with which it is combined is well known to be one of the largest elementary constituents of the body, and it is in this form that iodine enters the circulation, its action will be found more prompt, its results more certain, while it is free from objectionable qualities.

Believing that if our product is given an impartial trial, it will prove its superiority over like preparations and furnish the physician with a most *efficient* and pleasant means for the internal administration of iodine, we are with kind regards,

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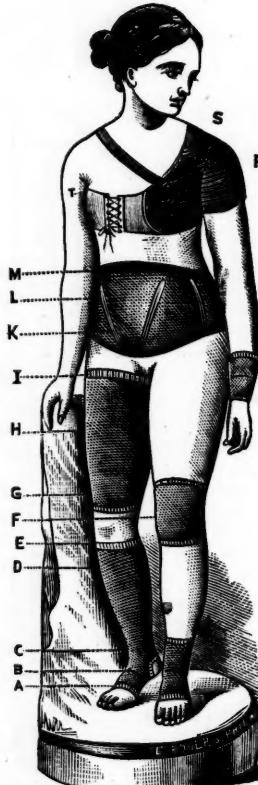
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### Directions for Measurement.

For a Garter Stocking.—Circumference at A, B, C, D, E. Length from sole of foot to E.....

	Best Fine Silk.	Best Stout Silk.	Best Thread.
For a Garter Stocking.—Circumference at A, B, C, D, E. Length from sole of foot to E.....	\$2 00	\$2 50	\$1 25

For a Knee Stocking.—Circumference at A, B, C, D, E, F, G. Length from sole of foot to F.....

3 25	4 00	2 25
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For a Thigh Stocking.—Circumference at A, B, C, D, E, F, G, H, I. Length from sole of foot to F, and from F to I.....

4 50	5 50	3 25
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For a Garter Legging.—Circumference at C, D, E. Length C to E.....

1 25	1 50	1 00
------	------	------

For a Knee Legging.—Circumference at C, D, E, F, G. Length from C to F.....

2 50	3 00	2 00
------	------	------

For a Thigh Legging.—Circumference at C, D, E, F, G, H, I. Length from C to F, and F to I.....

3 75	4 50	3 00
------	------	------

For an Anklet.—Circumference at A, B, C. Length from sole of foot to C.....

1 25	1 50	1 00
------	------	------

For a Knee Cap.—Circumf. at E, F, G...

1 25	1 50	1 00
------	------	------

For a Thigh Knee Cap.—Circumference at E, F, G, H, I. Length from F to I.....

2 50	3 00	2 00
------	------	------

For a Thigh Piece.—Circumference at G, H, I. Length from G to I.....

1 25	1 50	1 00
------	------	------

For an Abdominal Belt.—Circumference at K, L, M.....

2 75	2 75	2 00
------	------	------

For a Wristlet.—Circumference at N, O, P. Length from N to P.....

40	50	30
----	----	----

For a Shoulder Cap.—Circum. at R, S, T.

2 50	2 75	2 00
------	------	------

## FLAVELL'S Improved Uterine Supporter.

NO LEATHER TO BECOME HARD OR STAIN THE LINEN. MADE OF SILK ELASTIC, WITH SATEEN JEAN TRIMMINGS.

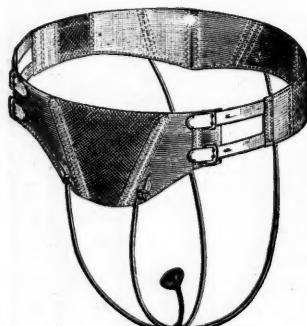
### PRICE TO PHYSICIANS, \$2.00.

The Abdominal Supporter is constructed of silk elastic front and sides, and shaped to conform to the abdomen. Never fails to give perfect satisfaction, even in the most difficult cases where any instrument can be used.

The Uterine Supporter is a cup and stem made of highly polished hard rubber, and will answer for all cases of Anteversion, Retroversion, or any Prolapsus of the Womb. The instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, and will not interfere with nature's necessities.

DIRECTIONS FOR ORDERING.—Give circumference of abdomen two inches below navel, and state if for Prolapsus, Anteversion or Retroversion.

Goods sent by mail upon receipt of price, or by Express C. O. D., charges for returning money added.



G. W. FLAVELL & BRO., 248 N. Eighth Street, Philadelphia, Pa.

## A Word to Physicians.

BY THE NEW YORK AND CHICAGO CHEMICAL CO.

During the past few months various medical journals have been replete with advertisements and communications by manufacturers and others writing in their interest on the subject of pepsin and pepsin tests. Various methods of testing have been suggested, each apparently made for the benefit of some particular brand, the quantity of water used varying from 2 to 47 ounces, the amount of acid from  $\frac{1}{10}$  to  $\frac{8}{10}$  per cent., and the amount of coagulated albumen varying from 500 to 2000 grains for each grain of pepsin.

The different results obtained from these tests are calculated to mislead the reader and to create an inference that no value whatever can be attached to so-called pepsin tests.

The *U. S. Pharmacopæia* contains a test for saccharated pepsin, from which some of the better class of manufacturers have produced what appears to be a fair standard for making these experiments. In cases where too little water is used the peptone formed retards, and finally stops the action of the pepsin. Where an excess of acidulated water is used it is difficult for the experimenter to determine how much of the apparent digestion is due to the action of pepsin, and how much to the action of excess of acid upon the albumen.

Each pepsin should stand or fall by the same standard, and the one quoted herein seems to be nearer equal in its results to what might be expected in the human stomach than any other :

R	Coagulated egg albumen.....	grs. 1200
	Hydrochloric acid (C. P.).....	m. 40
	Water.....	f. 3 8
	Pepsin.....	gr. 1

Digest in water bath for six hours, maintaining the temperature at 105 deg. F., agitating every five minutes. Then remove bottles and allow to settle.

This method of testing is intended to be applied to what are known as pure pepsins.

No accurate result as to the value of saccharated pepsins can be ascertained unless the precise amount of pure pepsin contained is known; in which case the relative proportion of albumen, water, acid and pure pepsin contained should be as above stated.

If the foregoing conditions are complied with Ford's Pepsin will be found to digest from 1000 to 1500 grains of albumen, which is as much as, or more than has been accomplished by any commercial pepsin under the same conditions.

It is as unfair to compare pepsin under different conditions of test as it would be to estimate the speed of various race horses on separate tracks and in different weather.

We ask the co-operation of all candid inquirers, and assert our ability to maintain the superiority of Ford's Pepsin, which we have so frequently demonstrated by our public tests during the present season. The fact that our GOLDEN SCALE PEPSIN has not only survived, but increased in use in the face of the malevolent and unfair attacks which have been repeatedly made against it, affords stronger evidence of the favor with which it is received than any other that we can suggest.

The superior quality and low price of our products alike recommend them to the honest practitioner.

Ford's Pepsin for dry forms and combinations, and Golden Scale Pepsin for liquid forms and combinations, fill all the requirements for the use of the ferment.

Samples and circulars mailed free on application by our agents,  
Messrs. GAUNT & JANVIER, 365 Canal Street, New York.

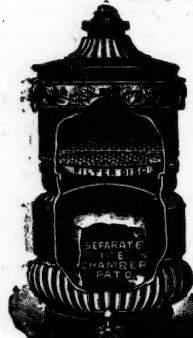
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All water is Filled with Impurities during the rainy season.

This Filter will ABSOLUTELY CLEAN IT.

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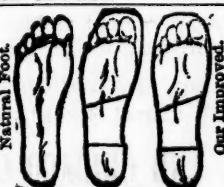
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Our Improved.



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**H. PLANEN & SON, 224 William St., N.Y.**  
Established 1836.

**SOFT AND HARD CAPSULES** Filled of All Kinds.

Sizes: 3, 5, 10, and 15 Min., and 1, 2½, 5, 10, and 15 Gram.

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**OIL OF WINTERGREEN, APIOL, ETC.**  
NEWLY IMPROVED. EMPTY, 8 SIZES.

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For taking medicines free of taste, smell, injury to the teeth, mouth, or throat. Trial box, by mail, 25 cents.

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New Articles, and Capsuling Private Formulas, a Specialty. Sold by all Druggists. Samples free.

Specify **PLANTEN'S** on all orders.

**RHEUMATISM.**

The Manual of Treatment gives the methods recommended by SENATOR, LEBERT, FULLER, SKODA, DAVIES, KUNZE, WUNDERLICH, LONGSTRETH, MACLAGAN, DACOSTA, GARROD, REYNOLDS, BRUCE, ROBERTS, DAVIS, DELAFIELD, HARTSHORNE, AITKEN, PHILIPS and BRODHURST.

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This Institution is designed to combine comfortable surroundings with the appliances and advantages of a special hospital. Particular provision is made for the use of Electricity, Massage, Rest and Regulated Exercise in neurological cases, and for the use of strong electric currents in the treatment of pelvic tumors.

**G. BETTON MASSEY, M.D., Physician-in-Charge,**  
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Cases of insanity not received.

**THE MICROSCOPICAL JOURNAL.**

A monthly magazine designed to encourage students and amateurs in using the microscope; to promote biological research; to record the progress made by means of this instrument; as well as to interest and instruct teachers, physicians, and scholars generally.

For specimen copy send six cents (stamps) to—

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In fourteen months we have gained a membership of 1200 and paid six death-losses.

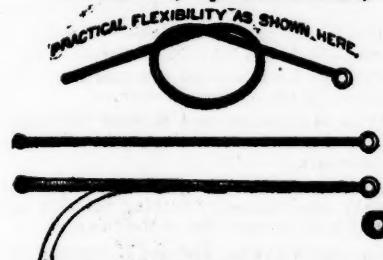
We have in every instance paid our beneficiaries more than three times as much as the money paid us would have bought them if they had paid it to such sterling companies as the *Zeta* Life, or the North-Western Mutual.

Our assessments are so light that we must have about 2600 members to pay a policy in full from one assessment. Now, in order that we may speedily get that number, we offer membership free to all physicians, dentists and druggists who make application before January 1st, 1889. This offer means that we forego the membership fee of \$10 for a \$2000 policy, and \$10 for a \$1000 policy. This leaves us to be paid \$3 for a \$1000 policy, \$14.40 for a \$2000 policy, for expense account. There will be no other charge, except of course the mortality assessments, which are sent by the Insured directly to the North-Western National Bank, of Chicago, and can be drawn out only to pay death losses, thus affording absolute security for that fund. We have other new and valuable features, for which we refer you to our circulars. Write for circulars, and formal application to

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*Prostatitis, Spermatorrhœa, Impotency, Gleet, Acute Gonorrhœa.*

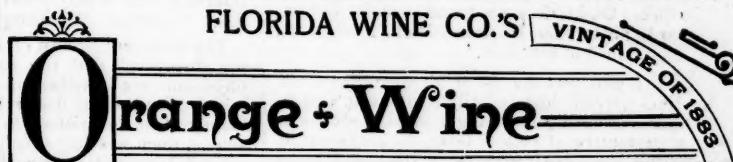


Chronic gonorrhœic ulcers and granulations, mostly situated in the deep urethra will promptly submit to treatment by 2 per cent. nitrate of silver antrophors of the length of 22 centimeters. It is a fact that such ulcers and granulations, which furnish the continual discharge in gleet, resist obstinately other therapeutic measures for months or even years. It is a fact also that injections are persistently made in some cases for months without ever reaching the sore spot. A very few antrophors only required.

Long Iodoform Antrophors commendable in *Prostatitis*. Long Nitrate of Silver Antrophors in *Spermatorrhœa*, *Impotency*, *Gleet*.

Send for pamphlet, entitled "Diseases of the Male Urethra and their Treatment by Means of the Antrophor" and for samples and price-list.

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VINTAGE OF 1888

Orange + Wine

THE only Orange Wine made in Florida or elsewhere, from the pure juice of the Orange, and not to be confounded with numerous imitations of so-called Orange Wine sold in bulk or bottles.

As a tonic and stimulant it is unsurpassed; and as a Table Wine, delicious and invigorating without the alcoholic effects.

*A tablespoonful taken before and after Cod Liver Oil destroys the taste.*

**SOLD IN BOTTLES ONLY. SAMPLE FREE.**

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**NUMEROUS IMITATIONS—WHEN ORDERING SPECIFY FLORIDA WINE CO.'S**

TYPHOID FEVER.

In the *Manual of Treatment* (by C. F. TAYLOR, M.D., Editor of the *Medical World* and W. F. WAUGH, M.D., Editor of the *PHILA. MEDICAL TIMES*), the article upon Typhoid Fever gives the treatment recommended by LIEBERMEISTER, J. C. WILSON, PEPPER, FLINT, BARTHOLOW, JENNER, MURCHISON, DAVIS, LOOMIS, BOSTON CITY HOSPITAL, DUJARDIN-BEAUMETZ, HUCHARD, FERGUSON and KLEBS.

The *MANUAL* and *TIMES* will be sent to any address on receipt of Five Dollars, **PHILA. MEDICAL TIMES CO., - 1725 Arch Street, Philadelphia.**

The German Emperor has given his consent that the bust of a lady should have a place among the memorial statues at the Berlin University. The lady thus distinguished is the Countess Louise Bose, who, at her death a few years ago, left nearly the whole of her considerable fortune to the Berlin University to enable poor medical students to pursue their studies, and to help medical men to enlarge their knowledge by making scientific journeys of discovery. This is a beginning (*in one way*), the *Pall Mall Gazette* says, to the opening of German universities to women.—*Ledger.*

It seems a pity that instead of bestowing their money on colleges which have no claim for charity, or on hospitals which are neither poor nor charitable, our men of wealth do not assist deserving young medical students by establishing scholarships, to be obtained by competition.

"The science of 'hypnotism' is developing fast," says the *St. James' Gazette*. "M. Joseph Bertrand, the Secretary of the French Academy of Science, submitted to that body at its last sitting a mode of superinducing anesthesia by purely mechanical means. It consists in directing the rays of a mirror, of the sort employed by lark catchers, on the eyes of the subject. A species of hypnotic trance, accompanied by absolute physical insensibility, is thus produced.

The leather binding of old books may be freshened up by rubbing with vaseline.

John A. E. Walk, Superintendent of the Presbyterian Hospital, was found dead in his office. On his desk was found an unfinished letter to his brother, Dr. James Walk, in which he complained of his heart.

It is said that the use of a preparation of sodium hyposulphite and dilute sulphuric acid in spirits of lavender is being used with success as a preventive of yellow fever, in Jacksonville. If the germs are introduced by the mouth alone such remedies may prove of great value.

The new building of the Medico-Chirurgical College already lifts its walls above its neighbors. The back portion is up to the fourth story and ready for its roof. The building is of plain brick, devoid of ornament, looking as if it were intended for work.

How often are you asked by patients, not only those suffering with various skin diseases, but more frequently by those who desire a really good toilet article, "Doctor, what soap would you advise me to use?" Can you answer this question to the satisfaction of your patient and yourself?

You cannot unless you have investigated the subject more carefully than many physicians have.

Detergents have not received the attention their importance demands from medical men, as they consider them rather outside of the line of their duties. It is however a matter of considerable interest, as is clearly shown by the attention it is now receiving from well-known dermatologists.

Any soap, by competent authority, shows a large majority of the toilet soaps of commerce, to be not only poorly made, but to contain a large percentage of free alkali and impure fat acids, and that many are also adulterated by the addition of various deleterious substances. Such soaps applied to the cuticle of little children and sensitive women, are highly irritating, and frequently produce skin affections which are attributed to other causes.

To avoid this with persons having healthy but tender skin, as well as to obtain the best results from local medication, where cutaneous disease exists, when soap is indicated, "Althene Skin Soap" should be prescribed. This article is offered to the profession as an *absolutely pure, perfectly neutral, detergent, non-irritating and highly emollient*, and although not a medicated soap, has a therapeutic value as an adjunct in the treatment of diseased conditions by reason of its soothing action. For washing infants, for use in cases of bed-sores, old ulcers, or for cleansing the scalp when dandruff is present, or whenever a perfectly pure detergent is needed, it can with great benefit be prescribed.

In order that this soap shall be maintained at an *exact standard* of purity and excellence, samples of each and every lot made are submitted to Dr. Henry Leffmann, the well known chemist, for analytical examination; and until the purity of the article is ascertained by him, it is not put on the market. "Althene Skin Soap" is being prescribed by many physicians, to their entire satisfaction. Dr. William F. Waugh, being among the number, and to him we refer by permission. Your druggist should have this soap in stock, should he not, address the makers.

Under the name of sub-ungual corn, Brunon, (*La Normandie Méd.*) describes an affection which is but rarely seen. The symptoms consist of pain in the toe, usually the great one, and on the surface of the nail is to be seen a slight translucent line, looking much as if a splinter had penetrated there. The corn is usually round, and of the size of a pea. This can be readily extracted if the nail is split and turned back.

A rich inhabitant of Berlin is erecting a building where patients suffering from tuberculosia may be subjected to a special treatment. The ground floor of the building which is of circular form will consist of stables containing hundreds of cattle. The patients will occupy the upper stories, which will be connected with the ground floor, so that they may inhale constantly the odor of the stables, which will be conveyed to them by especial air tubes.

*Le Progrès Médical.*

The Mississippi Valley Medical Association, meets at St. Louis, Sept. 25, 26 and 27, 1888.

Professor Garretson has returned from Castine looking the picture of health.

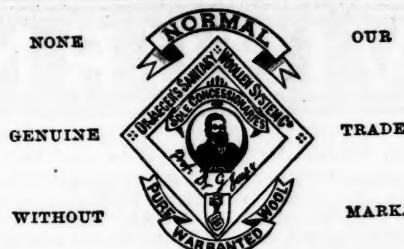
Profa Montgomery and Stewart will attend the meeting of the Gynecological Association in Washington.

Professor Atkinson's clinic boasts a now healthy baby, formerly "nothing but skin and bones," built up by a diet of Mellin's food.

**CHAGRES FEVER.**—The case of supposed yellow fever sent to the Medico-Chirurgical Hospital continues to do well. There is a distinct tendency towards fever occurring at regular intervals, and easily controlled by moderate doses of quinine. The urine is not albuminous.

The witty feuilletonist of *La France Médicale* has discovered that the names of thirty-one physicians are inscribed upon the roll of the saints. But lest any doctor thereupon becomes unduly vain, he hastens to add that not one among them was duly canonized because he was a doctor, but notwithstanding that fact. So far from receiving a reward for their services to mankind as physicians, he even hints that the methods for which these ancients were canonized savor strongly of modern quackery.

The case at the Municipal Hospital is probably not one of yellow fever. Anyhow he is well.



"THE FIRST WEALTH IS HEALTH."—Emerson.

# DR. JAEGER'S SANITARY\* WOOLEN\* SYSTEM\* COMPANY, OF PHILADELPHIA.

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There is no intelligent dissent from the doctrine that animal fibre, unmixed with cotton, linen or any vegetable product, is the proper clothing for the human body.

The full development and practical application of this truth by Dr. Jaeger is his complete system of sanitary woolen clothing and bedding."

The system is in accord with nature; and the garments are designated "normal," because they are made in strict conformity to his system.

THE UNDERWEAR AND HOSIERY are first in order, being next to that all-important, health regulating organ, the *human skin*, upon which they exact a constantly beneficial influence and thereby promote the healthful action of all the vital functions.

The *underwear* consists of shirts, drawers, night shirts and combination suits in natural gray and in white—all free from dyes. They are manufactured of pure wool of the finest quality; are very soft, smooth and elastic; fitting closely, without pressure or annoying folds, and upon almost every one exert a soothing influence and induce a positive sense of comfort and pleasure by their contact with the body.

The re-enforcement over the chest and abdomen is an especially valuable feature of all these garments, greatly lessening the liability to pneumonia, bronchitis, laryngitis and other affections of the throat and lungs.

Our *tailoring department* is prepared to respond to all demands for fine outerclothing.

Our light Derby and Crush Hats with their porous felt "sweats" are the best ever used.

The all-wool lined ventilated Shoes and Boots are, says one who has thoroughly tried them, "worth their weight in gold."

Our dress materials for ladies in great variety, and our stock of gentlemen's overcoatings, are especially worthy of the attention of our patrons.

In a word, every article of clothing necessary for men, women and children, all constructed upon sanitary principles, are furnished under the Jaeger system.

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The most **PERFECT** compound EVER OFFERED to the MEDICAL PROFESSION for the relief of the following female disorders: **DYSMENORRHEA, AMENORRHEA, MENORRHAGIA, LEUCORRHEA, SUBINVOLUTION, Puerperal Convulsions, RELAXED condition of UTERUS and APPENDAGES, and THREATENED ABORTION**; directing its action in a most remarkable manner to the entire UTERINE system as a general tonic and **ANTISPASMODIC**, and in cases of impaired vitality, **COMPLETE RESTORATION FOLLOWS ITS USE**. This happy combination is the result of an **EXTENSIVE PROFESSIONAL EXPERIENCE RUNNING THROUGH A SERIES OF YEARS**, in which the constituent parts have been **FULLY TESTED**, singly and in combination, in various proportions, until **PERFECTION** has been **ATTAINED**.

We, with the profession, have no regard for secret remedies.

# DIOVIBURNIA

is prepared for prescribing exclusively, and the Formula as given, will command itself to every intelligent physician.

### FORMULA AND MEDICAL PROPERTIES.

#### VIBURNUM PRUNIFOLIUM.

Nervine, Astringent, Diuretic, Tonic, Antispasmodic, Uterine Sedative and a powder to prevent abortion. A remedy for Neuralgic Dysmenorrhœa associated with spinal irritation.

#### VIBURNUM OPULUS.

A powerful Antispasmodic, relieving Cramps and Spasms. It is employed with remarkable success in Puerperal Convulsions and Uterine Disorders.

#### DIOSCOREA VILLOSA.

Medicinally a powerful Antispasmodic, relieving Uterine Pains, Cramps, etc.

#### ALTRIS FARINOSA.

Largely used in relaxed condition of uterus, exerting a specific influence upon the uterus itself, imparting tonicity and vigor to the organ.

#### HERONIAS DIOICA.

Diuretic and Uterine Tonic—more especially the latter. Relieving Leucorrhœa and Amenorrhœa, resolving all abnormal engorgements, and at the same time imparting tonicity to the Uterus and reproductive organs.

#### MITCHELLA REPENS.

Diuretic, Tonic, Astringent and Sedative, and said to be capable of facilitating fecundation—also chronic disorders of Urinary and Genital tract.

#### CAULOPHYLLUM THALISTROIDES.

Emmenagogue, Antispasmodic, slightly Diuretic and Uterine Tonic.

#### SCUTELLARIA LATERIFLORA.

Nervine, Antispasmodic, and is successfully employed in Neuralgia and nervous affections of Uterus and Appendages.

**DOSAGE.**—For adults from a dessert to a tablespoonful three times a day, after meals. In urgent cases, where there is much pain, doses may be given every hour or two, *always in hot water*.

The skill of a highly accomplished pharmacist and thorough chemist was required to combine the resinoids in a palatable, effective and elegant form, and at the same time retain and enhance the therapeutical action.

# DIOVIBURNIA

Has been very **EXTENSIVELY** and **SUCCESSFULLY** used, and is offered to the profession with the full assurance that it has **NO EQUAL** as a uterine tonic and antispasmodic, quieting the many aches and pains so peculiar to women, producing a feeling of general well-being and relief and curing many disorders of the sex **HERETOFORE** deemed beyond the reach of internal medication.

To any physician, unacquainted with the medicinal effects of DIOVIBURNIA, we will mail pamphlet containing full information, suggestions, commendations of some of the most prominent practitioners in the profession, and various methods of treatment of uterine disorders, also a variety of valuable prescriptions that have been thoroughly tested in an active practice.

# DIOS CHEMICAL COMPANY; ST. LOUIS, MO., U.S.A.

# CANADIAN HEMLOCK BARK EXTRACT.

(*Abies Canadensis*)—GEDDES.

*From the Massachusetts Medical Journal.*—WHILE we do not advise medical men to discard old and tried friends for the new, simply because they are new, yet it does behoove them to be ever on the alert for a better means and better ways for the relief and cure of human ills. That there resides in the future a better for all things is apparent to every intelligence, unless they have arrived at that unfortunate stage of mental oblivion. Believing most earnestly in the above, a sense of duty comes to us, to direct attention in especial manner to a medicinal preparation (not a patent remedy) which is finding much favor in the two Continents, Europe and America, particularly in the hands of those practitioners in sparsely settled towns who dispense their own medicines. We refer to "Abies Canadensis," or Extract of Hemlock Bark, of the Geddes Manufacturing Company, of Boston, U.S.A. From our personal experience, and the tribute of many friends, we feel bound to urge a trial upon all medical gentlemen who treat cases for which this remedy is recommended. Who does not know Diseases peculiar to females, discharges of all kinds from womb or vagina, will receive marked benefit in a short time if treated with this agent according to the directions which accompany each bottle. Of course, every doctor of *any genius* will discern many means of application not mentioned by the manufacturer, especially when he learns that no harm can come to his patient. Applied through a speculum, full strength, to the soft, flabby kind of os, from which flows that ichorous, irritable, discharge, so well known to patient and doctor, the douche per vagina with hemlock, as directed, is of infinite value. Also for nasal catarrh, washing the parts thoroughly. Please give it a trial and be satisfied.

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# The Efficacy of Coca Erythroxylon.

## NOTES AND COMMENTS BY PROMINENT PHYSICIANS.

12mo., pp. 61. Paris and New York. 1888.

NEW YORK MEDICAL JOURNAL.  
March 10, 1888.

This work comes to us as a supplement to the fifth edition of M. Mariani's admirable "Treatise on Erythroxylon Coca," and certainly deserves professional recognition. While not entering into the exhaustive details embodied in former works, it substitutes therefor that which from a practical standpoint is far more valuable—*i. e.*, clinical data from competent observers. A careful selection of articles relating to coca will be found in its pages, and much that is instructive and interesting can be gathered from its perusal. This work comes at an opportune time, as it reconciles many conflicting statements and opinions regarding the efficacy of coca.

PHILADELPHIA MEDICAL NEWS.  
March 3, 1888.

In this little volume, which is issued as a supplement to his "Treatise on Coca," M. Mariani has gathered the testimony of a large number of the profession in various parts of the United States as to the therapeutic value of the preparation of the wine of coca known as *Vin Mariani*. One of the secrets of the admirable character of this tonic is that it is made with a pure, fine quality of grape wine, of M. Mariani's own production, which blends admirably with the fresh selected coca leaves, which alone are used.

### Communication from Sir Morell Mackenzie.

19 HARLEY ST., CAVENDISH SQUARE, W., LONDON.

GENTLEMEN:—I have much pleasure in stating that I have used the *Vin Mariani* for many years, and consider it a valuable stimulant, particularly serviceable in the case of vocalists.

Yours faithfully,  
MORELL MACKENZIE, M.D., LONDON.  
Consulting Physician to the Hospital for Diseases of the Throat; late Physician to the London Hospital.

### Professor Fauvel on the *Vin Mariani*.

To the Editor of the New York Medical Journal:

18 RUE GUENEGAUD, PARIS, December 8, 1887.

SIR: Will you kindly have it announced in your journal, in justice to myself before the medical profession, that the various notices appearing in journals and circulars quoting my name in connection with coca are entirely false and in every respect a prevarication. The only preparation of coca employed by me with undoubted and uniform success has been the so well-known *Vin Mariani*, which since 1865, I have had occasion to prescribe daily in my *clinique*, as well as in private practice. My opinion of this valuable medicament, together with those of my *confreres*, has during many years been frequently made known for the benefit of the profession in various writings, and it is but just to this worthy preparation that it receives all honor due. I thank you for compliance with my request.

CHARLES FAUVEL, M.D.

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## A LA SALPETRIERE.

Extract from the feuilleton of the *Journal de Medecine de Paris*.

Charcot, at his Tuesday clinic,  
Thus entertains his students cynic:

"Admire, boys, this patient's limp;  
His gait is that of a Boulevard pimp.  
He steps out like a *cannasson*,  
La faridondaine, la faridondon.  
Alcohol made him thus, you see,  
Biribi!"

In the fashion of Barbary,  
Mon Ami.

"See his limbs all trembling fail,  
See his skin is waxy pale;  
His features show the stupid mood  
Of total moral hebetude.  
'Tis the disease of Parkinson,  
La faridondaine, la faridondon.  
Can the cause be *venery*?  
Biribi!"

After the fashion of Barbary.  
Mon Ami.

"See him project his limbs so bent,  
All reflex action is absent,  
Ataxic symptoms all confess,  
His irien muscle is powerless.  
'Tis the sign of Robertson,  
La faridondaine, la faridondon.  
His glutei muscles shaky be,  
Biribi!"

After the fashion of Barbary,  
Mon Ami." etc., *ad nauseam*.

The Medico-Chirurgical Hospital is endeavoring to secure funds for the purchase of an ambulance. This is not, as some may surmise, in anticipation of an epidemic outbreak; but simply because so many accidents are brought here that the vehicle has become a necessity. The sufferings of injured persons are bad enough without being jolted over the cobble-stones in an ordinary cab; and if this can be avoided by an outlay of the paltry sum of \$350, it ought surely to be quickly forthcoming.

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If we write so that nouns with their verbs don't agree,  
That's German, you know, quite German, you know.  
If our meaning obscure and involved seems to be,  
It's German, not English, you know.  
But that kind of writing you read in Berlin,  
In Heidelberg, Wien, where we've frequently been,  
Don't mind how you end, if you only begin,—  
Is German, quite German, you know.

[CONTINUED ON PAGE XXXI.]

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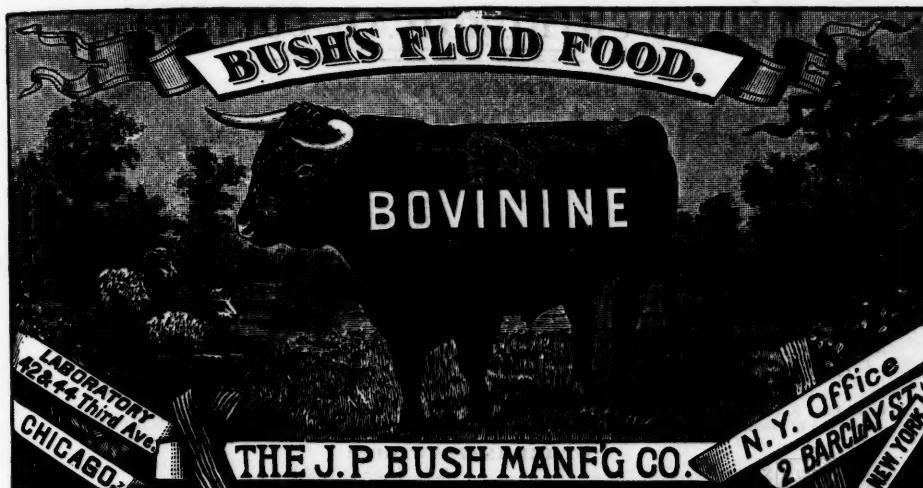
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## Special Announcement. Change of Form.

# THE MEDICAL ANALECTIC

A WEEKLY EPITOME OF PROGRESS IN ALL DIVISIONS OF MEDICO-CHIRURGICAL PRACTICE

—EDITED BY—

**R. W. AMIDON, M. D.,**

WITH THE ACTIVE COLLABORATION OF

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Asst. Orthopedic Surgeon to St. Luke's Hospital and  
the N. Y. Orthopedic Dispensary.

The favorable reception which has, during the past three years, been accorded to the ANALECTIC, calls for and warrants, in the opinion of its management, an important change in the manner of its publication, which will, it is believed, add not a little to its usefulness for the profession.

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down,  
And we knock them all out with Esmarch's  
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They're Germans, native Germans, you know.  
O the queer names we hear and the queer names  
we quote,  
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throat,  
For they're German, true German, you know.

We take out the stomach and *resect* the gut,  
That's German, you know, quite German, you  
know.  
The leaves of the journal in public we cut,  
When they're German, true German, you know.  
Our talk has a bacteriological drift,  
We pay "twenty marks" for a pipe for a gift,  
And we quote from the *Berliner klin. Wochenschrift*,  
Which is published in German, you know.  
O the marvelous statements that come from afar,  
Are German, you know, all German, you know,  
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We ignore the effect, and talk big about cause,  
Which the Germans do always, you know.  
O the queer things we do and the queer ways we  
live,

Are German, you know, all German, you know,  
Of squaring the circle the method we'll give,  
Or some German will give it, you know.

We consider a coccus the cause of a gleet,  
That's German, you know, quite German, you  
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We dress a cut finger in a haystack of peat,  
That's German, true German, you know.  
We put in a gum larynx and a celluloid tongue,  
We extsect the spleen and we resect the lung,  
We save at the spigot, and leak at the bung,—  
O we're German, we're German, you know.  
But the queer way we feel when we count up  
the slain,  
Is not German, you know, no, not German, you  
know,  
And we've not enough nerve yet to extsect the  
brain,  
As the Germans will soon do, you know.

We write in the journals a great deal of rot,  
As do Germans, you know, tho' they're Ger-  
mans, you know.  
And we seek for a pin in a ten-acre lot,  
For the Germans can find one, you know.  
We discard the choice meat and chew on the  
bone,  
We refuse the good bread and grasp at the stone,  
We hoard oyster shells and the pearls leave  
alone,  
That's German, true German, you know.  
O the queer things we do and the queer things  
we write,  
Are German, you know, all German, you know.  
We will swear that the ace of the spade suit is  
white,  
If some German but says so, you know.

On sterilized pap our young infants we feed,  
That's German, you know, quite German, you  
know,  
And we hope by such means to improve on the  
breed,  
For the Germans advise it, you know.  
In training a puppy or raising a foal,  
In the search for an office or the seat of the soul,  
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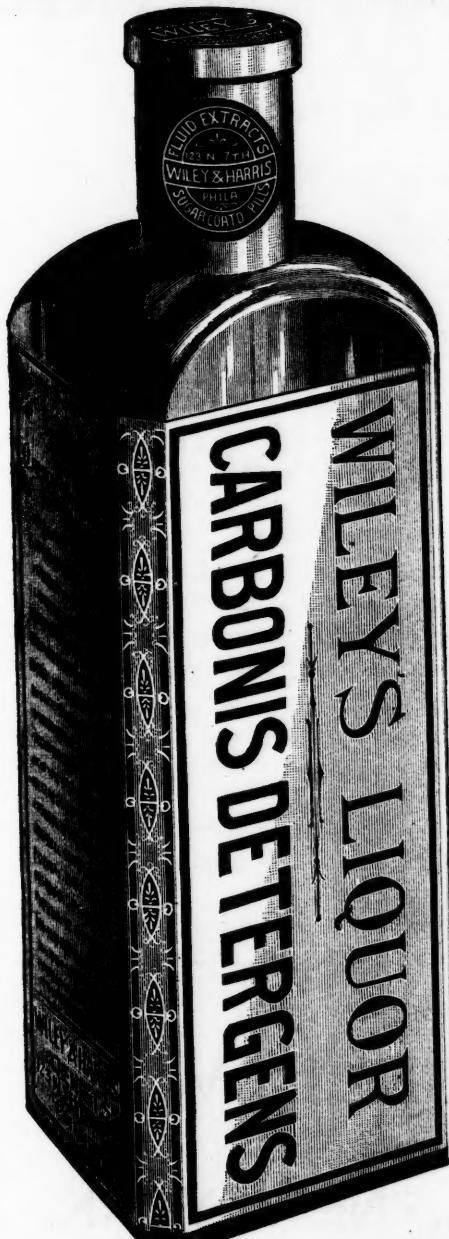
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#### LIQUOR CARBONIS DETERGENS

is prepared from COAL TAR and QUILLAIA BARK. It is recommended as an application in all skin diseases, especially of the Eczematous Class, in Parasitic Affections and Eruptive Troubles, for Gangrenous Sores, Ulcers, Ulcerated Chilblains, Scabies, Itch, and many other obstinate diseases of the skin. Complete instructions on label.

#### 100 W. & H.

##### Hepatica Granules.

###### Form No. 1.

**B** Aloin, Jalapin, Podophyllin,  $\frac{1}{2}$  gr. x, Ext. Hyoscyami, gr. v., Ext. Nuc. Vom.  $\frac{1}{2}$  gr. v., Oleo res. Capsici, gtt. iv.,  $\frac{1}{2}$  div. pil. No. 100.

25c. a hundred, mailed.

#### 100 W. & H.

##### Hepatica Granules.

###### Form No. 2.

The same recipe as form 1 with the addition of 1-20 gr. Calomel in each Granule.

One hundred mailed, 25c.

#### 100 W. & H.

##### Hepatica Granules.

###### Form No. 3.

The same recipe as form No. 1 with the addition of 1-20 gr. Pv. Ipecac in each Granule.

Twenty-five cents for 100, mailed.

**W. & H. HEPATICA GRANULES.**

THREE FORMS.—No. 1, No. 2, No. 3. Sugar-Coated, White and Pink.

# FELLOWS' HYPO-PHOS-PHITES.

(SYR: HYPOPHOS: COMP: FELLOWS.)

Contains **The Essential Elements** to the Animal Organization—Potash and Lime;

The **Oxidizing Agents**—Iron and Manganese;

The **Tonics**—Quinine and Strychnine;

And the **Vitalizing Constituent**—Phosphorus, Combined in the form of a Syrup, with slight alkaline reaction.

**It Differs in Effect from all others**, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

**It has Sustained a High Reputation** in America and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

**Its Curative Properties** are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

**In Cases** where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

**Its Action is Prompt**; stimulating the appetite and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

**The Prescribed Dose** produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of **MENTAL AND NERVOUS AFFECTIONS**.

From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

PREPARED BY

JAMES I. FELLOWS,

CHEMIST.

48 VESEY ST., NEW YORK.

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FOR SALE BY ALL DRUGGISTS.

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